

# THE AMERICAN PRACTITIONER.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### CARIES OF LEFT TEMPORAL BONE.

BY GEO. R. GREEN, M.D.

Patient, male, aged eighteen, consulted me in April, 1879, for otorrhea of a chronic character, the first discharge occurring when he was only three months old. There was no history of either scarlatina or measles, and with this exception his health had been good. On my first examination the ear was discharging quite freely a fetid pus. I prescribed a carbolic lotion and cleansing with soap and water, and in a few days the discharge ceased. I saw no more of him until the 16th of June, when he returned. I then lost sight of him until July 29th, when he returned again, having in the meantime consulted other physicians, as he informed me. This time I discovered a fistulous opening backward into the mastoid cells, from which pus was discharging quite freely. The integument over the mastoid process and the parts contiguous thereto were congested, swollen, and quite painful. Despite treatment he grew steadily worse, and at the father's request I accompanied the young

man to Indianapolis to consult Dr. Thompson, under whose care he remained several days, but with only temporary relief. Dr. Thompson made a free incision into the mastoid cells, so that when the patient returned to me I found pus discharging quite freely through the opening. This opening from this time on was kept open by means of probing and tents.

About this time an attack of malaria of a persistent nature set in and lasted two weeks, and soon the left eye began to bulge forward, and I feared the discharge of pus into the orbit. Pus had already formed over the atlas, and was discharged forward through the opening in the mastoid process. Then pus collected over the left temporal region and was discharged in the same manner. An effusion of serum took place beneath the conjunctiva of the left eyeball. This I punctured, and permitted the collection to drain away. The right eyeball then began to be affected in like manner. I found it necessary to puncture the conjunctiva in this eye also. The left eye became more exophthalmic, and the conjunctiva separated from the sclera and filled up beneath it with blood. Vision was entirely destroyed in this eye, and the patient began to show symptoms of brain-pressure. Hemorrhage occurred twice from the wound in the mastoid cells, but was controlled by pressure. Stupor, loss of memory, loss of language, and a semi-comatose condition supervened; feces and urine were involuntarily discharged; and for a week prior to his death pus was continually dropping into the back part of his mouth and throat. He died August 19, 1879.

One of the peculiarities of the case was the extent of the injury before death occurred. I have no doubt but the carious action involved both the mastoid and the petrous portion of the temporal bone. The pus probably dissected its way backward along the optic nerve until it caused the brain-pressure spoken of. After the relief of the superficial inflammatory action the patient made no complaint from pain, frequently declaring that he felt no pain at all.

The treatment was, locally, tents and probings to keep the

mouth of the wound open, with an emollient application and daily washing out with carbolized water both the wound and ear. Beef, wine, and iron were given internally; brandy as needed; quinia to combat malaria; and all the good, rich, nourishing diet he would take. Dr. G. W. H. Kemper saw the case twice in consultation. The family would not consent to any post-mortem examination; consequently the extent of injury is not accurately known.

ROYERTON, IND.

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## REMOVAL OF THE ENTIRE ULNA—RECOVERY.

BY W. M. FUQUA, M.D.

Mr. William Fullelove, aged thirty-six years, a tailor by profession, habits good, originally good constitution, married, consulted me relative to a swelling of the right arm, which was considerably enlarged near the elbow-joint. This was two years ago. I found the enlargement due to a disease of the ulna, which extended to the middle of that bone. The limb could not be fully extended, and suppuration and pronation were partial. Osteoscopic pain was very severe, requiring a grain of morphia at night to make him sleep. A case of chronic periostitis was diagnosed, probably the result of exposure to cold and wet.

I now made a linear incision three and a half inches long down upon the bone, dividing the periosteum. The incision extended through the middle third of the bone, and was made along its outer aspect. The wound was brought together with silver-wire sutures, and dressed with carbolized cotton. He was placed upon iodide of potash, with the bitter tonics. Under this treatment for a time the patient did well, and for eighteen months I did not see him professionally.

July 1st. The patient now presents himself and declares that his arm must be amputated. His face is indicative of great suf-

fering; is pale; has but little appetite; and has no refreshing sleep without two grains of morphia. The arm near the joint measures fourteen and a half inches in circumference, is bent at an angle of one hundred and forty degrees, has no pronation or supination, but the patient flexes and extends his fingers; the motion of wrist-joint impaired. The ulna is now diseased in its entirety. Over the point of the elbow is a large ulcer with sinuses that communicate with large masses of dead bone within. The bone is tender upon pressure along its whole shaft, with considerable enlargement also of its lower articulating extremity. The radius is regarded as exempt and free from any disease.

I therefore determine to remove the whole ulna, and should I find the condyles of the humerus involved they too will be removed. On the 25th of July, Drs. Fairleigh and Alexander being present and assisting, the patient was chloroformed and the Esmarch tourniquet applied. An incision was now made beginning two inches above the point of the olecranon, and carried along the dorsal aspect of the joint and in the axis of the limb to a point just beyond the ulno-carpal articulation. The integuments surrounding the joint were now carefully removed, keeping near the bone, and preserving all the periosteum possible. After the division of the insertion of the triceps, the arm being flexed showed the condyles of the humerus free from disease. The soft parts were carefully separated from the shaft of the bone, preserving wherever we could the periosteum. Its inferior extremity was disarticulated and the whole bone removed. There was no loss of blood; no ligature was required, the oozing so slight as to require no astringent or styptic. After cleansing the wound with a ten-per-cent solution of carbolic acid it was carefully coaptated and held in position with one dozen silk sutures. Over the line of incision carbolized cotton was placed, and the arm enveloped with a pretty firm bandage, which was extended upon a well-padded straight splint, and over this a roller was carefully carried, so as to give uniform and steady support; the whole to be kept wet continuously with a ten-per-cent solution of carbolic acid.



Four days after the operation the wound was dressed for the first time. There was scarcely a trace of pus along the whole tract of the wound; but little swelling and little elevation of temperature; has good appetite, and has taken one grain of morphia each night. Two days subsequently the wound is dressed and all the sutures removed, union having taken place by primary adhesion along the whole tract, except over the elbow-joint, where there is but the slightest amount of pus. After this the wound is dressed each day just as it was at first, and the bandages are kept continually wet with the carbolic-acid lotion. Each day since the operation he has taken a teaspoonful of comp. tinct. of bark, with twenty drops aromat. sulph. acid and a little toddy.

Aug. 5th. Took no morphia last night. Wound united over elbow-joint, and no suppuration except from the superficial or skin surface just over elbow-joint. He has no pain, sleep and appetite good, and says he has not felt so well for a great while.

*History.* Excision of the ulna entire was first executed by Dr. Ro. B. Butt, of Portsmouth, Va., in 1825. In 1853 Dr. Carnochan, of New York, performed a similar operation. Mr. Jones, of England, has also excised the entire ulna. These two cases, together with the one above reported, are the only ones on record.

HOPKINSVILLE, KY.

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## FOREIGN CORRESPONDENCE.

LONDON, June 30th.

As the time for the International Congress meeting approaches the arrangements begin to take definite shape, and a very delightful programme is gradually becoming unfolded; but unfortunately it is still a matter of uncertainty whether some most distinguished surgeons whose presence our friends here greatly hoped for will be able to come. Whatever shall be

the measure of success of the Congress, the thanks of the profession will be due to the enterprise, industry, and activity of its principal officers, among whom should be prominently named the President, Sir James Paget, and the Hon. Secretary, Mr. McCormac. I do not remember to have found at any time the medical and surgical world of London more busy than just now. The several medical weeklies absolutely teem with important communications. The British Medical Journal in particular has of late contained so many articles of interest and value as to embarrass the reader, especially him who intends to make an abstract of them; for he regrets to omit any, while space and time forbid even an allusion to all.

The number issued on June 11th, just after I reached here, opens with some observations by Mr. Spencer Wells on recent improvements in the mode of removing uterine tumors. He details two important modifications which he has adopted; one the more complete use of antiseptic precautions; the other the union by suture of the peritoneal edges of the divided uterine wall. He has also contrived special pressure-forceps with very long handles and a compressing surface of more than an inch in length, with which the bond of connection between the uterus and the outgrowth may be compressed. He illustrates these points by several cases which he narrates at some length, and in conclusion he says, "I feel very hopeful that by the use of the improved pressure-forceps the arrest of hemorrhage will be effected much more easily and completely than before; that suture of the uterine wall will obviate more than one source of danger; and that by careful attention to all needful antiseptic precautions the removal of uterine tumors may now be undertaken with a far more confident expectation of a successful result than could have been entertained some years ago."

Dr. Simpson, of Edinburgh University, furnishes a clinical lecture on a Case of Cesarean Hystero-oöphorectomy or Porro's Operation. The patient had a pelvis deformed from rickets. She was in a week of her fifth confinement, having on each of the four previous occasions been delivered by perforation of the

head of the fetus. The child having been removed from the uterus and found to be very vigorous, the uterus was amputated, and subsequently the ovaries were excised and the whole surface of the stump secured with Paquelin's cautery. The patient did very fairly well for nearly five days, when she succumbed to peritonitis; but the abdominal wound was very healthy-looking, and adhesion had taken place along the whole line of incision. A feature of the case was the very small amount of blood lost and the absence of any trouble during the operation from the intestines and omentum. Dr. Simpson gives a table of the seventy-six cases in which the uterus has been extirpated, beginning with Storer's case in Boston in 1869.

Mr. Howard Marsh, Surgeon to the Hospital for Sick Children, writes on the Diagnosis of Caries of the Spine in the Stage preceding Angular Curvature. He very justly condemns the error of making angular curvature a special disease, as is done in many text-books. The real disease is caries of the spine, and angular curvature is probably only the result of delay in its diagnosis and treatment. Certainly it can not take place till, in the course of inflammatory disease, some absorption of the vertebral bodies has taken place. Therefore to wait for this symptom is to allow the disease to advance to what may be termed its second stage. Careful directions are given for examination, which should always be conducted with the patient perfectly nude; and the significance of pain in regions *below* the seat of caries is insisted on. This subject is also treated in the same journal by Mr. Edmund Owen, but in a less thorough manner. The characteristic of Mr. M.'s work is its conscientious thoroughness.

An important communication is made by Prof. Buchanan, of Glasgow University, on the use of Faure's secondary or storage battery and also Swan's electric light in surgery. The storage battery consists of a cylindrical vessel of lead nine inches high and five inches in diameter, with a leaden bottom, but open at the top. Into this is packed a kind of cushion of a material which has the power of absorbing electricity. To this

vessel are attached the two poles of a working battery, and as long as the connection is maintained the vessel accumulates the electricity flowing into it. When charged it can be detached from its connection and kept for a long time or carried from place to place like the jars of compressed carbonic oxide used for anesthetic purposes. When required for use the cushion should be kept moist, and connecting-wires should be attached to its poles, thus converting it into a powerful battery. Dr. Buchanan attached its poles on one occasion to a platinum-wire *écraseur*, and removed a large nevoid tumor of the tongue without a drop of blood. The immense value of these small jars of electricity is obvious. Swan's electric lamp is very useful where a strong light is required close to the skin, and it can be placed in actual contact with a tumor without fear of igniting the bed-clothes; for instance, to test the translucency of a hydrocele in a patient confined to bed and unable to move.

Dr. Bell, of Bradford, discusses Wool-sorter's Disease, to which he has devoted much patient labor, and he records three recent cases. He finds, as has long been taught by some American surgeons, that these peculiar forms of anthrax are not confined to wool-sorters, but are common to all work-people who manipulate dry and dusty hairs or wools. If manipulated while still damp, as early as possible after washing, the risk is much diminished; but the infection-germs are not destroyed by washing the wool in water at 120° F. When I was a student Prof. Gross declared that the sorter of dry hair was liable to the trouble.

Mr. Henry Reeves, of the London Hospital, mentions a case in which he tried what he thinks to be a new plan of operation for fistula in ano. The fistula was about two and a half inches long, and was divided in the usual way. Then all pseudo-membranous tissue and granulations were scraped away with a sharp scoop, and the ordinary narrow blunt-pointed bistoury buried for half its depth at the fiber of the fistula. Both surfaces of the wound being vivified, and hemorrhage having ceased, three deep silver sutures were passed, entering the skin about a quarter of

an inch from the edge of the wound, and, passing well beneath the floor of the fistula, were brought out at the same distance on the other side of the wound. The upper stitch ran through the coats of the rectum into the surrounding tissue. The stitches were removed a week after the operation (but might have been removed sooner), when the wound was soundly healed—a procedure which, so far as the suture goes, I hope none of my readers will practice. The scoop—a convenient form of which is the finger-nail—is good, and I do n't think the scraping can be carried too far; but to the bistoury and suture I say no. The notes of two cases of ununited fracture of the patella and one of ununited fracture of the radius and ulna, treated by suturing the fragments with silver wire, are reported from King's College Hospital under care of Mr. Lister. The operation consisted of an incision two inches long over the patella, sawing off the edges of both fragments, drilling them, and passing a thick silver wire through the hole thus made. A dependent opening through the capsule of the joint was next provided, and through this was passed a drainage-tube. The fragments were brought into apposition by complete flexion of the thigh on the abdomen and strong traction on the wires, and secured by twisting the wires. The wound was closed by sutures, leaving about one fourth of an inch of the twisted wire projecting. The patients were discharged in a little under three months with apparently firm bony union, and they were walking comfortably.

In the case of operation on the forearm the mode of procedure was to a great extent similar, but was subperiosteal, the periosteum being carefully detached from the bone. Patient left the hospital under two months after the operation, wearing a water-glass splint, which was painted over the arm, from the wrist to above the condyles of the humerus. Six weeks later the bony union was quite firm, and the patient was able to resume work. Of course the most careful antiseptic precautions were used. Comment on these cases is quite superfluous. Their immense importance is at once apparent; and to those of my readers interested in surgery I recommend a care-

ful perusal of the excellent report of them in the *British Medical Journal*.

At the College of Surgeons a course of six lectures on The Laws of Inheritance in Relation to Disease were commenced by Mr. Jonathan Hutchinson on Monday, June 13th, some report of which I will give you soon.

The faculty and hospital staff of University College entertained their colleagues Sir Wm. Jenner and Mr. Erichsen at dinner at St. James's Hall on the 4th inst., to celebrate the simultaneous tenure by those gentlemen of the presidential chairs of the Colleges of Physicians and Surgeons. Mr. John Marshall took the chair, and twenty-eight sat down, including besides the guests of the evening the other emeritus professors, Dr. Russell Reynolds and Sir Henry Thompson. With two unavoidable exceptions the whole medical staff of University College assembled to do honor to their distinguished colleagues. The proceedings were of a most enjoyable character, and could not have failed to impress the recipients of the honor in the most grateful way. At the election of members of council of the Royal College of Surgeons on Thursday next, the 7th, Sir James Paget and Mr. Haynes Walton will offer themselves for re-election. Sir James Paget is tolerably sure to continue in office. There seems to be less chance for Mr. Walton, so that practically there is but one vacancy. Among the new candidates are Mr. Croft, of St. Thomas's Hospital; Mr. Reginald Harrison, of Liverpool; Mr. Christopher Heath, of University College; Mr. Hulke, of Middlesex Hospital; and Mr. Sidney Jones, of St. Thomas's. Summonses for the election have been sent to every Fellow in the United Kingdom, and the canvassing is very vigorous. Mr. Harrison is supported by a strong party who urge the claims of the provincial Fellows to be represented in the council, while others are opposed to him on account of his not having attained to the age at which Conscript Fathers are usually chosen. What the precise limit of age may be, or how far back the baptismal certificate should date to reach the proper standard, the venerable deponents say not. It should seem, however, to a looker-on

in London that almost any plausible excuse is a sufficient reason in the minds of some of the metropolitan folk for voting against a provincial Fellow, however eminent.

Mr. Lister recently announced to the Clinical Society that he had lately been making extensive use of eucalyptol in place of carbolic acid for antiseptis. The oil itself is used undiluted as a dressing in the same class of cases as carbolic acid; it is also made into an ointment of which the following is the formula: Vaseline, two and two third parts; paraffin wax, one and one third parts; eucalyptus oil, one part. He also uses an emulsion of eucalyptus oil and iodoform for syringing out joints, etc. The formula is as follows: Eucalyptus oil and powdered gum acacia, each ninety-six grains; iodoform, eight grains; water, two fluid ounces. In operations about the genitals, etc., where the presence of numerous hairs and their follicles make it difficult to render the skin thoroughly antiseptic, Mr. Lister has lately, after shaving and cleansing the parts, applied to them a "salicylic cream," which is thus prepared: Six parts of carbolic acid and glycerin (one in twenty) are rubbed up in a mortar with one part or one part and a half of salicylic acid until the mixture is of the consistency of a thick, smooth cream.

American beef is asserting itself in the British market. Its value was practically tested by the Edinburgh Parochial Board last month. Two masses of English and American beef, each weighing seventy pounds twelve ounces, were boiled, when it was found that the amount of good meat in each case was about the same, while the soup made from one was undetectable from that made from the other. But in a contract of one thousand pounds there was a saving of one hundred pounds in favor of the American meat—a result which can not but bring important conclusions to those who are interested in cheap meat, more especially in workhouse and hospital administration.

It may be remembered that Mr. Morratt Baker excised the kidney of a child for calculous disease some three months ago. The patient was recently reported to be doing well and to be in



the enjoyment of fair health. Mr. Barwell, of Charing Cross Hospital, lately performed the same operation in a similar case. As in the earlier case the kidney had already been opened and drained for many months, and the dense cicatricial tissue about the old sinus was one of the difficulties of the operation. An attempt to enucleate the stone caused so much hemorrhage that Mr. Barwell separated the kidney from the surrounding tissues and ligatured the pedicle *en masse*. The kidney was removed in two parts owing to the approximation of the ribs to the ilium. Although the patient, a boy of fifteen, was in a very anemic condition, he has now much improved, and the hectic he suffered from has disappeared.

A very extensive meeting of medical men, chiefly those engaged in general practice, was held lately at Brighton, to discuss the report on Medical Education lately issued by the committee of council, and to consider the question of medical reform. The majority were in favor of the system of apprenticeship lasting about twelve months, by which the student on completing his medical curriculum, and having obtained sufficient theoretical knowledge might be introduced into practice gradually.

The British Medical Association will hold its annual meeting this year at Ryde on August 9th, 10th, 11th, and 12th, under the presidency of Mr. Benjamin Barrow, a much respected local practitioner. The address in Medicine will be given by Dr. Bristowe, and that in Surgery by Mr. Hutchinson, while an address in Obstetric Medicine will be given by Dr. Sinclair Coghill. In each section there will be discussions on prearranged subjects, among which are Dilatation of the Stomach, Acute Spinal Paralysis, Jaundice, Ovariectomy, Enteric Fever, Calf-lymph Vaccinations, etc. A clinical lecture by Mr. Christopher Heath, on Syphilitic and Cancerous Ulceration of the Tongue is reported in the British Medical Journal for June 11th. It is somewhat lengthy and gives all the possible points for the differential diagnosis; but in practice he owns it is very difficult to distinguish the two diseases, and often required the failure of iodide of potassium to make the matter clear. As a local application

for syphilitic sores of the tongue, he recommended a rather strong solution of bichloride of mercury to be held in the mouth for some minutes, so as to "pickle" the tongue. He treats the subject of the removal of the whole tongue at some length.

Our able countryman Mr. Benjamin Howard communicates an article on the Direct Method of Artificial Respiration for the Treatment of the Drowned, Still-born, etc. Mr. Howard disapproves of the method of respiration by pumping the chest by means of the arms, giving his reasons in detail, and dwelling with some cogency on the plan with which his own name is associated.

Dr. Courtenay Henderson, assistant physician to the London Fever Hospital, gives some notes of the doings at the St. Pancras field-hospital at New Southgate, which was started to accommodate cases of smallpox, now epidemic in London. He says the cases have, with very few exceptions, been slight. Where active antipyretic treatment was necessary cold baths were used. Many cases were so slight as to lend support to Hebra's opinion that variola and varicella are one and the same disease. "The only difference," says Dr. Henderson, "was in the crops of spots—variola only one (crop), varicella many." *Nothing has been found entirely to prevent pitting where the primary inflammation has been intense enough to cause sloughing of the bed of the pock.* Much of the eventual deformity, however, is produced by the ulceration and erosion of the skin under the scab. The constant application of antiseptic oils will tend to check the formation of pus beneath the scab, and thus prevent the ulceration and diminish the subsequent pitting—a mask of lint kept constantly applied, and moistened six or eight times daily with heavy mineral oil (purified), in which has been dissolved, in the proportion of about one in twenty, either eucalyptus, terebene, turpentine, or sanitas oil. So far no cases have been sent away with deep pits, and the majority are no worse than after impetigo or varicella.

The notes *in extenso* are published of a case of enteric fever treated with salicin at the Glasgow Fever Hospital, under the

care of Dr. Allan. The salicin was found to have some but not much effect in reducing the high temperature, and not to have had any of those evil effects on the digestion, heart, and kidneys that have been attributed to its use. But it seems from the notes that the case was not one that could be termed a very "bad" case. Moreover, the use of the cold bath, now so extensively employed, is found to yield very satisfactory results.

In consequence of the resignation of Mr. Wharton Jones, Mr. Streatfield becomes the Senior Ophthalmic Surgeon at University College Hospital, while Mr. Tweedy has been elected to the chair of Ophthalmic Medicine and Surgery, and will probably become assistant Ophthalmic Surgeon to the Hospital.

The "Olde Englyshe Fayre" at the Albert Hall, and which was one of the most beautiful affairs of the season, secured during the four days it was held the large sum of twenty-five thousand dollars for the Chelsea Hospital for Women. The hall was crammed daily with the wealth and fashion of this great city.

The gratitude of patients to their doctors, though not often taking a practical shape, does sometimes do so and in one recent instance was very touching. Thos. Hobson, seventy-eight years of age, hanged himself in the workhouse. Before committing the act he made a will in which he bequeathed his body to the medical attendant, "in gratitude for his kindness and urbanity." The doctor, however, declined the bequest. A like reluctance has been shown by the School of Anatomy at Owens College, which was named as second legatee.

The "Harveian Oration" for 1881 was delivered at the College of Physicians by Dr. Whyte Barclay, of St. George's Hospital. His lecture, which is published in the *British Medical Journal* of the 25th inst., is mainly devoted to the discussion of the origin of bacteria and the consideration of the theories of Tyndall and Bastian. The attendance at the oration was distressingly slim, falling, I am told, far short of what is usual or indeed of what I should say was respectful either to the lecturer or the College. The oration being concluded the Baly medal was, to the gratification of every one present, conferred on Dr.

Burdon Sanderson, in recognition of his life-long study of biological science. Sir William Jenner handed the medal to this distinguished and much-loved physiologist.

Dr. Gervis, Obstetric Physician to St. Thomas's Hospital, in an article on the treatment of Uterine Flexions, remarks that the importance of the flexion depends on the amount of the obstruction in the utero-cervical canal produced by the bend, the results being dysmenorrhea, metritis, sterility, etc. Cases of retroflexion he divides into three classes: 1. Those in which the uterus is capable of reposition, and when replaced fairly retaining with suitable support the normal position; 2. Those capable of reposition but resuming the faulty position on the withdrawal of the replacing force; 3. Those incapable of reposition either from the presence of adhesions or from the permanently damaged condition of the uterine tissue at the site of the bend. In the third class of cases something may be done toward encouraging absorption of exudations, and so freeing the uterus; and some relief is gained by such support to the fundus as a pessary affords, and if menstrual disorders are severe, the patency of the canal may be secured by the use of the uterine bougie. In antelexions he generally contents himself with securing dilatation of the cervix with the bougie, and supplementing this by the use of a ring pessary which gives great comfort. He also describes a modification of Hodge's pessary, which he finds very useful in retroflexions. The sacral or upper cross-bar has a central depression, the convexity looking downward instead of upward, and on this convexity the uterus principally rests. The end of pessaries seems not yet. How long, O gynecologists, how long!

At King's College Hospital there are three cases under care of Prof Lister, in which the German (*schnitt*) method for the radical cure of hydrocele was resorted to. In the first case the old plan of injecting iodine was tried without success before the cutting operation was undertaken. The patient was narcotized, the parts purified and shorn, then two blunt needles were passed through the skin and the sac of the hydrocele in order that the sac might be kept in position; after which an incision one inch

and a half long was made between the needles into the hydrocele, when about two ounces serum, with here and there a flake of lymph, escaped. The bleeding points were ligatured and the sac stitched to the skin; the wound was not closed; strict anti-septic precautions were used throughout. In the ensuing week the wound was dressed three times, and there was a fair amount of supuration. Ten days later the wound was quite healed. Patient was discharged cured at the end of January, and when he was last seen, namely, at the end of May, there was no sign of any return of the swelling.

The second case was much the same except that the salicylic-cream dressing was used with jute, which was found much less irritating than carbolic gauze.

The third case where the eucalyptol dressing was used was also successful. In this case after incising the hydrocele between the needles, the sac was injected with carbolic lotion (one in twenty), which he afterward allowed to escape. I am almost bold enough to say that had he injected carbolic acid and glycerin, half and half, or carbolic acid pure, the great surgeon would have gotten as good results in less time and with fewer risks.

The "Bradshaw" Lecture of the Royal College of Physicians will be given this year by Dr. Vivian Poore, and will probably bear on paralytical affections of the hand. This lecture is given for the first time this year in virtue of an endowment of one thousand pounds left to the Colleges of Surgeons and Physicians by the widow of Mr. Bradshaw, the well-known practitioner. The date (18th of August) is perhaps unfortunate, as two lectures will be delivered simultaneously, one at each College on this day, when a large number of the profession having heard lectures and had congresses and associations *usque ad nauseam* will either be getting their vacations or resting at home from their labors.

The deeply lamented death of Professor Rolleston has cast a deep shadow over Oxford and rendered vacant the Linacre Professorship of Physiology and the Lee Readership of Anatomy at that ancient institution. It is probable, however, that certain

alterations in the two offices will now be made and their value be increased.

In the hands of the late able incumbent, the Linacre professorship was one of Comparative Zoölogy exclusively; probably it will now be divided into two distinct professorships of anatomy and physiology proper, and thus have a more distinct bearing on the teaching of these subjects as part of a preliminary medical education. There has long been complaint in the profession here of the exile of medicine from Oxford, and the alleged perversion of its great medical endowments, and many look to the calamity of poor Rolleston's death as affording perhaps an opportunity to effect the needed reform in its medical teaching.

A meeting of the friends and pupils of Professor Rolleston is to be held to consider the question of raising a suitable memorial to their late beloved teacher. It is to be hoped that instead of being put into either brass or marble it shall take the shape of a scholarship.

Among the patients brought for exhibition at the last meeting of the Royal Medical and Chirurgical Society was the man upon whom Mr. Clement Lucas performed nephrectomy in February, 1880. The man, who is thirty-six years of age, looks ruddy and well and free from all pain and symptoms of scrofulous pyelitis for which extirpation of the left kidney was undertaken. The wound is soundly healed, and there has been no sinus since Christmas. This, it may be remarked, is the first case in which the operation has proved successful on an adult in this country.

The Council of the Royal College of Surgeons have decided to appoint a Pathological Curator of the Museum, an office which should have been created long, long ago. It is understood that the place will be associated with the handsome fund given the College by that large-hearted, big-brained man, Erasmus Wilson. The salary seems small enough, amounting to but eight hundred and fifty dollars a year.

An important clinical lecture was lately delivered at University College Hospital by Dr. Bastian, on a case of Locomo-

tor Ataxy treated by Nerve-stretching. The patient, who was in an advanced state of the disease, was advised to submit to the operation as a kind of "forlorn hope," and the relief experienced from the operation on one side led to its adoption on the other. Within one week the patient completely lost the burning pain in the hypogastrium from which he had not before been free for some months. His general health also appeared much improved, while his powers of walking, though now very poor, are certainly better than before the operation, which seems moreover to have corrected the defect in the tactile sensibility of the lower limbs. Dr. Bastian deprecates any attempt at present at a physiological explanation of the mode of action of nerve-stretching, beyond that one of the results seems to be the induction of some amount of vasomotor paralysis in the limb operated on. He thinks, however, that the success of the treatment thoroughly warrants its further trial in other cases.

The society for the total abolition of biological investigation by experiment on living animals has lately been very active, and has enlisted the support of Lord Coleridge, who invested the society with great weight by calling the last meeting at his house, described in the report as "the residence of the Lord Chief Justice of England." The current misstatements were glibly repeated; and it is time that papers setting forth the truth should be made more accessible than they are now.

A very brilliant and extensive and unusually successful *conversazione* was given last Wednesday evening at the South Kensington Museum by the Harveian Society of London, in honor of its fiftieth anniversary. Two thousand guests, ladies and gentlemen, were invited, and I fancy most of them were there.

The new statue of Harvey, by Mr. Joy, which is to be unveiled in August with great ceremony at Folkestone, was much admired.

D. W. Y.



## Reviews.

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### **A Text-book of Practical Histology, with Outline Plates.**

By WILLIAM STIRLING, M.D., Sc.D., F.R.S.E., Regius Professor of the Institutes of Medicine in the University of Aberdeen. With thirty outline plates, one colored plate, and twenty-seven wood-engravings. Phila.: J. B. Lippincott & Co. London: Smith, Elder & Co. 1881. 4to. Pp. 186.

If it be true that he is the best workman who did in the beginning most thoroughly master the elementary manipulations of his craft and most completely comprehends the principles that underlie these manipulations, and if he be the best scholar who did obtain and has retained the clearest insight into the primary elements of knowledge, then it must be equally true that he will be the best doctor who best understands the structure of the human body and with truest discernment measures the vital energy and realizes the direction and result of its operation. If ever one guild of doctors shall stand before the world the acknowledged superior of all other guilds it will be that one which knows most of organic structures and vital activity. Every school of doctors appeals to its success in curing disease as the foundation of its claim to popular favor, each asserting that it cures a larger per cent of its patients than any other, and there is nothing in the statistics attainable to convince the world that either is correct. True, the great body of civilized mankind, by the numbers who seek their advice in illness, acknowledge the higher attainments and greater merit of the regular profession; but still it is a matter of common fame that individuals eminent in state-craft, theology, science, law, literature, and commerce signalize their failure to appreciate the true in medicine by calling the disciples of irregular dogmas to minister to them when ill. And we must not attribute this conduct to a reckless disregard of their own welfare, nor so much to their

lack of ordinary discernment as to our past failure to establish an unmistakable mark of our superiority such that all may read even as they run. In fact, there is a quality in man's organism at work in aid of restoration from disease that is a part of universal biological energy, the supreme factor in the suppression of all pathological activities that cease under whatever management, that does now and must forever obscure the actual amount of good effected by the medicaments of the physician, and permits any innocent management of the ill to have a measure of seeming success, and allowing irregular physicians to claim professional merit on this basis, that the layman is inadequate to see is not equal to that of the scientific doctor.

The good doctor of the future will differ from him of the past chiefly in that he will be more thorough in his knowledge of the physical frame and its vital work. A clearer insight into the normal of these will lead irresistibly to the better understanding of the abnormal; and this, with a more correct view of the efficient causes of pathological changes and the higher appreciation of the power of things to remove the cause, arrest the change, and restore the normal, will separate the scientific physician from the pretender; and when the utmost development in this direction shall have been attained the former shall be distinguished from the latter as fine gold is distinguished from spelter; for culture, high and true, will yield to its possessor a luster that shall be known of men, even of the unlettered.

These optimistic prophecies are based on the conviction that an honest man can not acquire all the biological knowledge, physiological and pathological, attainable by intelligent men, and then profess or practice dogmatic medicine or any manner of charlatanry; for full culture signifies the absence or crumbling of the great pillars of illiteracy and immorality, on one or both of which all irregular practice of medicine rests.

Among the steps leading to more perfect doctors is a close cultivation of histology, and as a means to this end the volume named at the head of this article will be found an admirable aid. The author says, "The purpose of this work is twofold; first, to

give plain, definite, and precise directions for the preparation and examination of the animal tissues; and secondly, to insure that the student executes a drawing of the majority of the microscopic specimens which he makes for preservation. For this purpose a series of outline plates is issued with the text."

Histological observation is made through the microscope, and the author very properly devotes fifty-six introductory pages to a description of that instrument, how to care for and to use it, together with the accessory apparatus; the method of preparing the things to be examined, and the mode of mounting and preserving them in such wise as to make them more serviceable as educators. This instruction is all done in such simple and direct manner, and yet so complete and intelligible that the student will find it a most admirable if not entirely sufficient guide in this part of his labor. The text is illustrated by twenty-six wood engravings of superior execution.

Practical histology is set forth in one hundred and twenty-four pages, and is pictured in thirty plates containing one hundred and ninety-five figures. The figures in these plates have been presented of such various sizes as the author deemed best suited to give a clear conception of their shape and intimate character, but in nine of the plates associated figures have been displayed in a distinct and marked column as they actually appear under a magnifying power of three hundred linear. The figures are in outline, and the student is to fill in and color to nature; for which purpose ample instructions accompany, and one plate has its figures colored complete to illustrate the style and method.

The author's description of things seen is precise and clear, his language terse and appropriate, and his style elegant; and the publisher's skill is manifest in the handsome volume.

J. F. H.

**A System of Surgery, Theoretical and Practical, in Treatises by Various Authors.** Edited by T. HOLMES, M.A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital. First American from second English edition. Thoroughly revised and much enlarged by JOHN H. PACKARD, A.M., M.D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia, assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Vol. 1. 8vo. Pp. 1007.

The first American edition of this great work has been reproduced from the last English edition unaltered and abridged, except the article on Disease of the Skin and that on Affections of the Absorbent System, which have been re-written. The interpolated additions by the American editors, made necessary on account of the advancement of surgery since the work was published, ten years ago, are inclosed in brackets.

The American revisers of Volume 1 are Drs. J. H. C. Simes, William Hunt, John B. Roberts, James Nevins Hyde, Morris Longstreth, P. S. Conner, Thomas G. Morton, Samuel Ashhurst, Lewis A. Stimson, John H. Packard, J. S. Jewell, Roberts Bartholow, John A. Lidell, Charles T. Hunter, John T. Hodgen, and Edward T. Caswell. These names are a sufficient guarantee that the work has been well done and brought abreast of the times.

This volume is divided into five parts, namely, general pathology, morbid processes, injuries in general, complications of injuries, and injuries of regions.

In a cursory look at the article on Inflammation we notice two additions—one in regard to the present accepted view of "the migration of blood-elements through openings or stomata;" the other in regard to the germination of pus-corpuscles. On the subject of Collapse a page is added concerning influencing circumstances in surgical shock. There are many short interpolations in the article on Scrofula and Tubercle. Among the additions to the article on Syphilis are three cuts representing condylomata of the vulva, gummata of head and face, and osseous dactylitis. In the article on Tumors the classification has

been entirely changed and very many additions made. Under the treatment of Abscesses a practical thought in regard to the opening of deep abscesses in the neighborhood of large vessels is added to the original text; namely, After cutting through the skin and superficial fascia a grooved director is pushed into the abscess, and a pair of dressing-forceps is run along its groove into the abscess, and the separation of the blades of the forceps makes an opening large enough to evacuate the pus. Three new cuts have been added to the chapter on Ulcers. In regard to Hemorrhage, among the recent additions to hemostatics are noted a large dose of quinia and hot-water applications. Among the complications of injuries tetanus is mentioned, for the treatment of which chloral hydrate, given early and in large doses, has gained the greatest reputation in the last few years. As to the nature of the morbid process in tetanus which causes the central disease, the American reviser, after giving the latest views on the subject, says, "As regards their relative value it may be said that the hypothesis of 'individual predisposition' is neither capable of proof or disproof. It may or may not be present. As regards the toxic theory there is but little evidence in its favor, and it is, in many cases at least, wholly without probability. As to the hypothesis of local irritation from nerve-wound and central neuritis as a final result, it may be declared the most probable." Several pages on the Pathology, Diagnosis, and Treatment of Hysteria supplement the original text.

The above will indicate the manner in which the additions and interpolations have been made. The plan adopted of giving an index at the end of each volume, and a general index on the completion of these volumes is to be commended. The value of this already superior work on surgery is much enhanced by the American edition, and we predict a large sale if the two volumes to follow are as well edited.

## INTERNATIONAL MEDICAL CONGRESS—OPENING MEETING.

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Long before 11 o'clock, the hour announced for opening the meeting, St. James's large hall was filled in every part with an audience the like of which has never met before, and in all probability will never meet again in the lifetime of the youngest member present. We can not even attempt to enumerate the illustrious scientists and medical practitioners who there gathered together; but among those on the platform, in addition to the Executive Committee, we recognized Cardinal Manning, the Archbishop of York, the Bishop of London, Canon Barry, Langenbeck, Virchow, Charcot, Pasteur, Volkmann, Esmarch, Küster, Pancoast, and others of equal eminence.

The reception given to H.R.H. the Prince of Wales was a clear indication of the loyalty of the profession and of the gratitude felt for the marked honor he has paid it in taking so active a part in the proceedings of the Congress. The reception by all upstanding was only equaled when in the middle of the meeting H.R.I.H. the Crown Prince of Germany entered.

The chair was taken by Sir W. Jenner, who was received with long-continued applause when he arose. He said: When our most gracious sovereign Her Majesty the Queen, whose sympathy with suffering is so real and deep, and whose interest in the advance of medicine and in all good works calculated to alleviate suffering is so well and widely known, consented to be patron and to allow her likeness to be stamped on the medal struck in commemoration of the Congress, its success was insured. And when, further, His Royal Highness the Prince of Wales graciously consented to open the Congress, a guarantee was given to the world that our meetings would be conducted with gravity and dignity, and that the matters discussed at them would in nature and in importance be worthy of the members of a learned and time-honored profession. It would be contrary to my sense of propriety, and tedious to you, were I to detain you from the

official and proper business of the Congress by any lengthened remarks. But it would be scarcely courteous to you or congenial to my feelings were I not to express, however briefly, what I believe to be the sentiments which animate and the objects and aims of those who, responding to the invitation of the General Committee, have come, not only from all parts of Her Majesty's dominions, but from nearly all the schools of the world in which advances in medical science and practice are being made, and from which, by means of their pupils, medical science and the practical fruit it bears are being constantly diffused throughout all the world. We are told that commerce is the golden girdle of the world, binding nations together by common interests and common aims; but science binds men and nations together by a girdle the links of which are far stronger, more durable, and more precious than are those of the golden girdle of commerce. Knowledge is indeed in very truth more precious than gold.

“Who loves not knowledge? Who shall rail  
Against her beauty? May she mix  
With men and prosper? Who shall fix  
Her pillars? Let her work prevail.”

With every increase in the world's stock of gold the metal loses something of its value, while every addition to the world's store of scientific truth adds to the value of that it already has, and is a step to the acquisition of more. And if this be true of science generally, it is true in the highest and broadest sense of the word of the science of medicine. Commerce is fettered in the supposed or real interests of nations. It separates as well as binds together. Discoveries in the application of other practical sciences are often stayed from their widest spread for the pecuniary gain of the discoverer. But discoveries in scientific and practical medicine are free to all the world, to use in themselves or as foundation for further advance. The less the physician working to advance medical knowledge is animated by desire for pecuniary gain, by feelings of personal ambition, or by desire for common applause, the less he mingles himself, his personal wishes, with his work, the less he allows his hopes and fears to give a bias to the result of his labor or pervert the meaning of the answer nature gives to his questions, the more he exhibits in his researches the desire to know the truth for the sake alone of knowing the truth, the greater the relief he affords by his researches to the present suffering of humanity, the more those researches tend to prevent the recurrence of suffering; and the more just and generous he shows himself in appreciating the opinions and the work of others the nearer will he approach to the ideal you and I have formed of the worthiest workers in our science. We have all



known men who have approached this ideal; but of all those that I have known there is one that stands out so preëminently above all others that I must mention him. I refer to that absolutely typical scientific physician—whose museum I trust you will all visit—Edmund Parkes. All medical discoveries are common property, and the richest reward the advancer of scientific and practical medicine can have is the consciousness that by the wide diffusion of the results of his labors lives have been saved, sufferings alleviated, or disease prevented. The assembling of this great Congress is in itself an illustration of my remarks. You are here to spread the truths you know, to learn from others the truths they have to tell, to give your knowledge freely and to receive from others as freely the knowledge they have to bestow, and in the giving as well as in the receiving to increase your own store. You are here to thresh out by argument the corn of truth from the wordy chaff in which it may be enveloped, to elicit the truth from seemingly conflicting statements of what the truth is. You are here to speak to one another face to face; and so we hope to remove prejudices, to promote kindly feeling, to renew old friendships and lay the foundation for new, and generally by personal intercommunion to knit more closely the bonds of that professional brotherhood of which we are all so rightly proud.

Mr. William MacCormac, the Hon. Secretary-general, who was most cordially received, then read the report of the Executive Committee, in which reference was made to the origin of this meeting, to the steps taken to render it truly international, and to the great success which had attended the efforts made. A brief outline of the work of the Congress was also given.

Sir Risdon Bennett moved a resolution accepting the official list of officers nominated, and appointing Sir James Paget, Bart., President of the Congress, and Mr. W. MacCormac Honorary Secretary-general. He admitted that to ask them to pass such a resolution was a sign of unbounded trust in the kindness and experience of the members of the Congress; but time would not allow of their taking separate votes. He bore testimony to the great and incessant labors of the Committee during many months, and to their great indebtedness to Mr. MacCormac, to whom every member owed a deep debt of gratitude, and which ought to be most heartily acknowledged. He then welcomed the foreign members of the Congress in a well-chosen and well-delivered speech in French.

Professor Donders (Utrecht), as president of the sixth meeting of the Congress at Amsterdam, seconded the resolution. He praised the arrangements made, and said they were a fresh proof of British skill

and talent for organizing. He believed that the meeting would largely contribute to the advance of science, and would supply the material for one of the most splendid pages in the history of medical science. The resolution was carried by acclamation.

Sir William Jenner then presented the Congress Medal, in silver, to H.R.H. the Prince of Wales, which he was kind enough to accept.

Sir James Paget then took the chair amid loud applause.

The Prince of Wales, who warmly shook hands with the newly-elected president, then rose and said: Sir James Paget, your Imperial Highness, and gentlemen, I have gladly complied with the request that I should open the International Medical Congress of 1881. Among my reasons for so doing was my conviction that few things can tend more to the welfare of mankind than that educated men of all nations should from time to time come together for the promotion of the branches of knowledge to which they devote themselves. The intercourse and mutual esteem of nations have often been advanced by great international exhibitions, and I look with pleasure to those with which I have been connected; but when conferences are held among those who in all parts of the world apply themselves to the study of science and to scientific professions, even greater international benefits may, I think, be confidently anticipated. More especially is this so in the study of medicine and surgery, for in these the varieties of climate, of national habit, and of social life must give to the practitioners of each nation opportunities of acquiring knowledge which is of considerable value, not to themselves alone, but to those of other countries whom they may meet in Congress. I venture to think, gentlemen, that the Executive Committee have acted wisely in instituting sections for the discussion of the very wide range of subjects, including the sciences, on which, as foundations, medical knowledge must rest as well as many of their most practical applications. I am very happy to see that so great a scope will be granted to the discussion of the important questions relating to the public health, to the cure of the sick in hospitals, in the houses of the poor, and to the welfare of armies and navies. The devotion with which the members of the medical profession are ready to share in the dangers of climate, the fatigues of war, and to study every means not only for the remedying but for the prevention of disease, deserves the warmest acknowledgment from the public. Gentlemen, I have great satisfaction in believing, when I see this crowded hall, that I may already regard the Congress as being very successful in having attracted in numbers hitherto unequaled medical men from all parts of this kingdom, as well as from every country in Europe and from the United States of Amer-

ica. The list of officers of the Congress, including as it does the names of nearly every one distinguished in Great Britain in any branch of medical science, shows how heartily the proposal to hold this meeting in London was received; and I think it speaks well for the good feeling of the profession that there was so warm a response from abroad. How cordial it was may be seen not only in the large number of our visitors, but in the fact that they include a great proportion of those who enjoy the highest reputations, not only in their own country, but throughout the world. I sincerely congratulate the General Executive and Reception Committees on this good promise of complete success, and I trust that at the close of the Congress they will feel that they have been rewarded for the labor which they have bestowed upon it. The report which the Honorary Secretary-general Mr. MacCormac has read will have explained how great has been the toil. It will, however, be well repaid, and I am sure that Mr. MacCormac will be sensible that he will be recompensed for his constant exertion and care, if the improvement of the science of medicine be materially promoted, for the knowledge of medicine must always be followed by increase of the happiness of mankind. Gentlemen, I declare this Congress now open.

Sir James Paget then delivered his address.

#### PRESIDENT PAGET'S ADDRESS.

It is not necessary to defend the meeting of an International Congress. Such meetings have become one of the general customs of our time, and have thus given evidence that they are generally approved. Let me rather suggest to you some thoughts as to the work which, being in Congress, we have to do, and the spirit in which it may best be done, so that the good effects of our meeting may last long after our parting.

In the largest view of our design it may seem to be that of bringing together a multitude of various minds for the promotion and diffusion of knowledge in the whole science and art of medicine, in their widest range, in all their narrowest divisions, in all their manifold utilities. And this design, I can not doubt, will be fulfilled; for although the programme tells of selected subjects for discussion, and defines the order of our work, yet knowledge will be promoted in a much wider range in the meetings without order, which will be held every day and every where—meetings of men with all kinds of mental power and all forms of knowledge and of skill; every one ready alike to impart and to acquire knowledge.

It is safe to say that in the casual conversations of this coming

week there will be a larger interchange and diffusion of information than in any equal time and space in the whole past history of medicine. And with this interchange will be a larger increase, for in the mart of knowledge he that receives gains, and he that gives retains, and none suffers loss.

The increase will be the greater because of the great variety of minds which will meet. As I look round this hall, my admiration is moved not only by the number and total power of the minds which are here, but by their diversity—a diversity in which I believe they fairly represent the whole of those who are engaged in the cultivation of our science. For here are minds representing the distinctive characters of all the most gifted and most educated nations—characters still distinctly national, in spite of the constantly increasing intercourse of the nations. And from many of these nations we have both elder and younger men; thoughtful men and practical; men of fact and men of imagination; some confident, some skeptic; various also in education, in purpose and mode of study, in disposition and in power. And scarcely less various are the places and all the circumstances in which those who are here have collected and have been using their knowledge. For I think that our calling is preëminent in its range of opportunities for scientific study. It is not only that the pure science of human life may match with the largest of the natural sciences in the complexity of its subject-matter; not only that the living human body is, in both its material and its in-dwelling forces, the most complex thing yet known; but that in our practical duties this most complex thing is presented to us in an almost infinite multiformity. For in practice we are occupied, not with a type and pattern of the human nature, but with all its varieties in all classes of men, of every age and every occupation, in all climates and all social states; we have to study men singly and in multitudes, in poverty and in wealth, in wise and unwise living, in health and all the varieties of disease; and we have to learn, or at least try to learn, the results of all these conditions of life while, in successive generations and in the mingling of families, they are heaped together, confused, and always changing. In every one of all these conditions man, in mind and body, must be studied by us; and every one of them offers some different problems for inquiry and solution. Wherever our duty or our scientific curiosity, or in happy combination both, may lead us, there are the materials and there the opportunities for separate original research.

Now from these various opportunities of study men are here in Congress. Surely whatever a multitude and diversity of minds can in a few days do for the promotion of knowledge may be done here.

Every one has something he may teach, much more that he may learn; and in the midst of an apparent utter confusion knowledge will increase and multiply. It has been said indeed that truth is more likely to emerge from error than from confusion, and in some instances this is true; but much of what we call confusion is only the order of nature not yet discerned; and so it may be here. Certainly it is from what seems like the confusion of successive meetings such as this that that kind of truth emerges which is among the best moving and directing forces in the scientific as well as in the social life—the truth which is told in the steady growth of general opinion.

But it is not proposed to leave the work of the Congress to what would seem like chance and disorder, good as the result might be; nor yet to the personal influences by which we may all be made fitter for work, though these may be very potent. In the stir and controversy of meetings such as we shall have there can not fail to be useful emulation; by the examples that will appear of success in research, many will be moved to more enthusiasm, many to more keen study of the truth; our range of work will be made wider, and we shall gain that greater interest in each other's views and that clearer apprehension of them which are always attained by personal acquaintance and by memories of association in pleasure as well as in work. But as it will not be left to chance, so neither will sentiment have to fulfill the chief duties of the Congress.

Following the good example of our predecessors, certain subjects have been selected which will be chiefly though not exclusively discussed, and the discussions are to be in the sections into which we shall soon divide.

Of these subjects it would not be for me to speak even if I were competent to do so, unless I may say that they are so numerous and complete that, together with the opening addresses of the Presidents of Sections, they leave me nothing but such generalities as may seem commonplace. They have been selected, after the custom of former meetings, from the most stirring and practical questions of the day; they are those which must occupy men's minds, and on which there is at this time most reason to expect progress, or even a just decision, from very wide discussion. They will be discussed by those most learned in them, and in many instances by those who have spent months or years in studying them, and who now offer their work for criticism and judgment.

I will only observe that the subjects selected in every section involve questions in the solution of which all the varieties of mind and knowledge of which I have spoken may find their use. For there

are questions not only on many subjects but in all stages of progress toward settlement. In some the chief need seems to be the collection of facts well observed by many persons. I say by many, not only because many facts are wanted, but because in all difficult research it is well that each apparent fact should be observed by many; for things are not what they appear to each one mind. In that which each man believes that he observes there is something of himself; and for certainty, even on matters of fact, we often need the agreement of many minds, that the personal element of each may be counteracted. And much more is this necessary in the consideration of the many questions which are to be decided by discussing the several values of admitted facts and of probabilities, and of the conclusions drawn from them. For on questions such as these minds of all kinds may be well employed. Here there will be occasion even for those which are not unconditionally praiseworthy, such as those that habitually doubt, and those to whom the invention of arguments is more pleasing than the mere search for truth. Nay we may be able to observe the utility even of error. We may not, indeed, wish for a prevalence of errors; they are not more desirable than are the crime and misery which evoke charity. And yet in a Congress we may palliate them, for we may see how as we may often read in history, errors like doubts and contrary pleadings serve to bring out the truth, to make it express itself in clearest terms and show its whole strength and value. Adversity is an excellent school for truth as well as for virtue.

But that which I would chiefly note in relation to the great variety of minds which are here, is that it is characteristic of that mental pliancy and readiness for variation which is essential to all scientific progress, and which a great International Congress may illustrate and promote. In all the subjects for discussion we look for the attainment of some novelty and change in knowledge and belief; and after every such change there must ensue a change in some of the conditions of thinking and of working. Now for all these changes minds need to be pliant and quick to adjust themselves. For all progressive science there must be minds that are young whatever may be their age.

Just as the discovery of auscultation brought to us the necessity for a refined cultivation of the sense of hearing, which was before of only the same use in medicine as in the common business of life; or as the employment of the numerical method in estimating the value of facts required that minds should be able to record and think in ways previously unused; or as the acceptance of the doctrine of evolution has changed the course of thinking in whole departments



of science—so is it in less measure in every less advance of knowledge. All such advances change the circumstances of mental life, and minds that can not or will not adjust themselves become less useful, or must at least modify their manner of utility. They may continue to be the best defenders of what is true; they may strengthen and expand the truth, and may apply it in practice with all the advantages of experience; they may thus secure the possessions of science and use them well; but they will not increase them.

It is with minds as with living bodies. One of their chief powers is in their self-adjustment to the varying conditions in which they have to live. Generally those species are the strongest and most abiding that can thrive in the widest range of climate and of food. And of all the races of men they are the mightiest and most noble who are, or by self-adjustment can become, most fit for all the new conditions of existence in which by various changes they may be placed. These are they who prosper in great changes of their social state; who in successive generations grow stronger by the production of a population so various that some are fitted to each of all the conditions of material and mode of life which they can discover or invent. These are most prosperous in the highest civilization; these whom nature adapts to the products of their own arts.

Or among other groups, the mightiest are those who are strong alike on land and sea; who can explore and colonize, and in every climate can replenish the earth and subdue it; and this not by tenacity or mere robustness, but rather by pliancy and the production of varieties fit to abide and increase in all the various conditions of the world around.

Now it is by no distant analogy that we trace the likeness between these in their successful contests with the material conditions of life and those who are to succeed in the intellectual strife with the difficulties of science and of art. There must be minds which in variety may match with all the varieties of the subject matters, and minds which at once, or in swift succession, can be adjusted to all the increasing and changing modes of thought and work.

Such are the minds we need; or rather such are the minds we have; and these in great meetings prove and augment their worth. Happily the natural increase in the variety of minds in all cultivated races is—whether as cause or as consequence—nearly proportionate to the increasing variety of knowledge. And it has become proverbial, and is nearly true in science and art as it is in commerce and in national life, that whatever work is to be done, men are found or soon produced who are exactly fit to do it.



But it need not be denied that, in the possession of this first and chiefest power for the increase of knowledge, there is a source of weakness. In works done by dissimilar and independent minds, dispersed in different fields of study, or only gathered into self-assorted groups, there is apt to be discord and great waste of power. There is, therefore, need that the workers should from time to time be brought to some consent and unity of purpose; that they should have opportunity for conference and mutual criticism; for mutual help and the tests of free discussion. This it is which, on the largest scale and most effectually, our Congress may achieve; not, indeed, by striving after a useless and happily impossible uniformity of mind or method, but by diminishing the lesser evil of waste and discord which is attached to the far greater good of diversity and independence. Now as in numbers and variety the Congress may represent the whole multitude of workers every where dispersed, so in its gathering and concord it may represent a common consent that, though we may be far apart and different, yet our work is and shall be essentially one; in all its parts mutually dependent, mutually helpful, in no part complete or self-sufficient. We may thus declare that as we who are many are met to be members of one body, so our work for science shall be one, though manifold; that as we, who are of many nations, will for a time forget our nationalities, and will even repress our patriotism, unless for the promotion of a friendly rivalry, so will we in our work, whether here and now or every where and always, have one end and one design—the promotion of the whole science and the whole art of healing.

It may seem to be a denial of this declaration of unity that, after this general meeting, we shall separate into sections more numerous than in any former Congress. Let me speak of these sections to defend them; for some maintain that, even in such a division of studies as these may encourage, there is a mischievous dispersion of forces. The science of medicine which used to be praised as one and indivisible, is broken up, they say, among specialists, who work in conflict rather than in concert, and with mutual distrust more than mutual help.

But let it be observed that the sections which we have instituted are only some of those which are already recognized in many countries, in separate societies, each of which has its own place and rules of self-government and its own literature. And the division has taken place naturally in the course of events which could not be hindered. For the partial separation of medicine, first from the other natural sciences,

and now into sections of its own, has been due to the increase of knowledge being far greater than the increase of individual mental power.

I do not doubt that the average mental power constantly increases in the successive generations of all well-trained peoples; but it does not increase so fast as knowledge does, and thus in every science, as well as in our own, a small portion of the whole sum of knowledge has become as much as even a large mind can hold and duly cultivate. Many of us must, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what is known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he is best fitted. Thus our division into sections is only an instance of that division of labor which in every prosperous nation we see in every field of active life, and which is always justified by more work better done.

Moreover it can not be said that in any of our sections there is not enough for a full strong mind to do. If any one will doubt this let him try his own strength in the discussions of several of them.

In truth the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field of any specialty in science be narrow it can be dug deeply. In science, as in mining, a very narrow shaft if only it be carried deep enough, may reach the richest stores of wealth and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that to the common mind seemed small and trivial.

And study in a Congress such as this may be a useful remedy for self-sufficiency. Here every group may find a rare occasion, not only for an opportune assertion of the supreme excellence of its own range and mode of study, but for the observation of the work of every other. Each section may show that its own facts must be deemed sure, and that by them every suggestion from without must be tested; but each may learn to doubt every inference of its own which is not consistent with the facts or reasonable beliefs of others. Each may observe how much there is in the knowledge of others which should be mingled with its own; and the sum of all may be the wholesome conviction of all that we can not justly estimate the value of a doctrine in one part of our science until it has been tried in many or in all.

We were taught this in our schools, and many of us have taught that all the parts of medical science are necessary to the education of the complete practitioner. In the independence of later life some of us seem too ready to believe that the parts we severally choose may be self-sufficient, and that what others are learning can not much concern us. A fair study of the whole work of the Congress may convince us of the fallacy of this belief. We may see that the test of truth in every part must be in the patient and impartial trial of its adjustment with what is true in every other. All perfect organizations bear this test; all parts of the whole body of scientific truth should be tried by it.

Moreover I would not, from a scientific point of view, admit any estimate of the comparative importance of the several divisions of our science, however widely they may differ in their present utilities. And this I would think right, not only because my office as president binds me to a strict impartiality and to the claim of freedom of research for all, but because we are very imperfect judges of the whole value of any knowledge, or even of single facts; for every fact in science, wherever gathered has not only a present value, which we may be able to estimate, but a living and germinal power of which none can guess the issue.

It would be difficult to think of any thing that seemed less likely to acquire practical utility than those researches of the few naturalists who, from Leeuwenhoeck to Ehrenberg, studied the most minute of living things—the vibrionidæ. Men boasting themselves as practical might ask, "What good can come of it?" Time and scientific industry have answered, "This good: those researches have given a more true form to one of the most important practical doctrines of organic chemistry; they have introduced a great beneficial change in the most practical part of surgery; they are leading to one as great in the practice of medicine; they concern the highest interests of agriculture; and their power is not yet exhausted."

And as practical men were in this instance incompetent judges of the value of scientific facts, so were men of science at fault when they missed the discovery of anesthetics. Year after year the influences of laughing gas and of ether were shown the one fell to the level of the wonders displayed by itinerant lecturers, students made fun with the other; they were the merest practical men, men looking for nothing but what might be straightway useful, who made the great discovery which has borne fruit not only in the mitigation of suffering, but in a wide range of physiological science.

The history of science has many similar facts, and they may teach

that any man will be both wise and dutiful if he will patiently and thoughtfully do the best he can in the field of work in which, whether by choice or chance, his lot is cast. There let him at least search for truth, reflect on it, and record it accurately; let him imitate that accuracy and completeness of which I think we may boast that we have, in the descriptions of the human body, the highest instance yet attained in any branch of knowledge. Truth so recorded can not remain barren.

In thus speaking of the value of careful observation and records of facts, I seem to be in agreement with the officers of all the sections; for without any intended consent they have all proposed such subjects for discussion as can be decided only by well-collected facts and fair direct inductions from them. There are no questions on theories or mere doctrine. This I am sure may be ascribed not to any disregard of the value of good reasoning or of reasonable hypotheses, but partly to the just belief that such things are ill suited for discussion in large meetings, and partly to the fact that we have no great opponent schools, no great parties named after leaders or leading doctrines about which we are in the habit of disputing. In every section the discussions are to be on definite questions which, even if they be associated with theory or general doctrines, may yet be soon brought to the test of fact; there is to be no use of doctrinal touchstones.

I am speaking of no science but our own. I do not doubt that in others there is advantage in dogma, or in the guidance of a central organizing power, or in divisions and conflicting parties. But in the medical sciences I believe that the existence of parties founded on dominant theories has always been injurious; a sign of satisfaction with plausible errors, or with knowledge which was even for the time imperfect. Such parties used to exist, and the personal histories of their leaders are some of the most attractive parts of the history of medicine; but although in some instances an enthusiasm for the master-mind may have stirred a few men to unusual industry, yet very soon the disciples seem to have been fascinated by the distinctive doctrine, content to bear its name and to cease from active scientific work. The dominance of doctrine has promoted the habit of inference and repressed that of careful observation and induction. It has encouraged that fallacy to which we are all too prone, that we have at length reached an elevated sure position on which we may rest, and only think and guide. In this way specialism in doctrine or in method of study has hindered the progress of science more than the specialism which has attached itself to the study of one organ or of one method of practice. This kind of specialism may enslave inferior

minds. The specialism of doctrine can enchant into mere dreaming those that should be strong and alert in the work of free research.

I speak the more earnestly of this because it may be said, if our Congress be representative—as it surely is—may we not legislate? May we not declare some general doctrines which may be used as tests and as guides for future study? We had better not.

The best work of our International Congress is in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion of truth as nearly to completion as may from year to year be possible. Thus chiefly our Congress may maintain and invigorate the life of our science. And the progress of science must be as that of life. It sounds well to speak of the temple of science and of building and crowning the edifice. But the body of science is not as any dead thing of human work, however beautiful. It is as something living, capable of development and a better growth in every part. For as in all life the attainment of the highest condition is only possible through the timely passing by of the less good, that it may be replaced by the better, so is it in science. As time passes, that which seemed true and was very good becomes relatively imperfect truth, and the truth more nearly perfect takes its place.

We may read the history of the progress of truth in science as a paleontology. Many things which, as we look far back, appear, like errors, monstrous and uncouth creatures, were in their time good and useful—as good as possible. They were the lower and less perfect forms of truth which, amid the floods and stifling atmospheres of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold.

This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we can not hope to complete, and in which we see continual and sometimes disheartening change. It is, at least, full of comfort to those of us who are growing old. We that can read in memory the history of half a century might look back with shame and deep regret at the imperfections of our early knowledge if we might not be sure that we held and sometimes helped onward the best things that were in their time possible, and that they were necessary steps to the better present, even as the present is to the still better future; yes, to the far better future, for there is no course of nature more certain than is the upward progress of science. We may seem to move in

circles, but they are the circles of a constantly-ascending spiral. We may seem to sway from side to side, but it is only as on a steep ascent which must be climbed in zigzag.

What may be the knowledge of the future none can guess. If we could conceive a limit to the total sum of mental power which will be possessed by future multitudes of well-instructed men, yet could we not conceive a limit to the discovery of the properties of materials which they will bend to their service. We may find the limit of the power of our unaided limbs and senses, but we can not guess at a limit to the means by which they may be assisted or to the invention of instruments which will become only a little more separate from our mental selves than are the outer-sense organs with which we are constructed.

In the certainty of this progress the great question for us is, what shall we contribute to it? It will not be easy to match the recent past. The advance of medical knowledge within one's memory is amazing, whether reckoned in the wonders of the science not yet applied or in practical results in the general lengthening of life, or, which is still better, in the prevention and decrease of pain and misery and in the increase of working power. I can not count or recount all that in this time has been done, and I suppose there are very few, if any, who can justly tell whether the progress of medicine has been equal to that of any other great branch of knowledge during the same time. I believe it has been. I know that the same rate of progress can not be maintained without the constant and wise work of thousands of good intellects; and the mere maintenance of the same rate is not enough, for the rate of the progress of science should constantly increase. That in the last fifty years was at least twice as great as that in the previous fifty. What will it be in the next? or, for a more useful question, what shall we contribute to it?

I have no right to prescribe for more than this week. In this let us do heartily the proper work of the Congress—teaching, learning, discussing, looking for new lines for research, planning for mutual help, forming new friendships. It will be hard work if we will do it well; but we have not met for mere amusement or for recreation, though for that I hope you will find fair provision, and enjoy it the better for the work preceding it.

And when we part let us bear away with us not only much more knowledge than we came with, but some of the lessons for our conduct in the future which we may learn in reflecting the work of our Congress.

In the number and intensity of the questions brought before us we may see something of our responsibility. If we could gather into



thought the amounts of misery or happiness, of helplessness or of power for work which may depend on the answers to all the questions that will come before us, this might be a measure of our responsibility. But we can not count it. Let us imagine it. We can not, even in imagination, exaggerate it. Let us bear it always in our mind, and remind ourselves that our responsibility will constantly increase. For as men become in the best sense better educated, and the influence of scientific knowledge on their moral and social state increases, so among all sciences there is none of which the influence and therefore the responsibility will increase more than ours, because none more intimately concerns man's happiness and working power.

But more clearly in the recollections of the Congress we may be reminded that in our science there may be or rather there really is a complete community of interest among men of all nations. On all the questions before us we can differ, discuss, dispute, and stand in earnest rivalry, but all consistently with friendship, all with readiness to wait patiently till more knowledge shall decide which is in the right. Let us resolutely hold to this when we are apart. Let our internationality be a clear, abiding sentiment, to be, as now, declared and celebrated at appointed times, but never to be forgotten. We may perhaps help to gain a new honor for science if we thus suggest that in many more things, if they were as deeply and dispassionately studied, there might be found the same complete identity of international interests as in ours.

And then let us always remind ourselves of the nobility of our calling. I dare to claim for it that, among all the sciences, ours in the pursuit and use of truth offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or willful wrong, they hardly can be put asunder. And each of them is admirable in its kind. For in every search for truth we can not only exercise curiosity and have the delight, the really elemental happiness of watching the unveiling of a mystery, but on the way to truth if we look well round us we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is that in all her works wonder is harmonized with utility, so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And this utility is not selfish. It is not in any degree correlative with money-making. It may generally be estimated in the



welfare of others better than in our own. Some of us may indeed make money and grow rich, but many of those that minister even to the follies and vices of mankind can make much more money than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success. We can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers; but that wider charity which is practiced in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature, we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy.

Let us then resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood. And may God help us in our work.

ADDRESS OF JOHN ERIC ERICHSEN, F.R.S., ETC.

*Gentlemen:* Surgery is never stationary. To be stationary while all around is in movement would be practically to retrograde. But movement does not necessarily mean advance. The general direction of the movement may undoubtedly be forward, but the factors of that movement do not all equally tend to progress. When the history of surgery comes to be written—and this has never yet been done—it will be found that the surgery of the nineteenth century has not been uniform in its progress in all departments; that its advance has not been continuously in one line, but that its progress has been materially affected by the prevailing bias of the professional mind of the day. Anatomical at one time, physiological at another, the tendency of the surgery of the present day is influenced in one direction by the mechanical spirit of the age, and in another by the advanced pathology, which is one of its chief medical characteristics. Yet the continuous advance of our art is undoubted. The gain that thus results has been definitely secured to surgery and to mankind. It can never be lost. Every conquest that has been made has been permanent. Year after

year some new position has been won—often, it is true, after a hot conflict of opinion; but once occupied it has never been abandoned. Thus our standpoint has ever been pushed on in advance. For knowledge in science is cumulative, to its stores each generation has added, and skill in art is a tradition that is hereditarily transmitted from master to pupil, if not by the individual, yet by the profession to which he belongs, from which he has acquired, and to which he bequeathes it, augmented and perfected by his own labors. With the knowledge of our predecessors we are familiar. What they have done has been transmitted to us and we can readily accomplish. In what we can do we may be sure our successors will not fail.

It is well that from time to time this advance should be measured, this gain weighed. The business of this section is not only to measure the extent of the advance, but to determine the value of the gain, and to do this, not so much by the novelty of the practice or by the brilliancy of its exposition, as by an estimate of its intrinsic merit, as shown by its proved utility. Our business here has to do with practical considerations, having reference to the recent advances in or the future lines to be followed by modern surgery.

The executive of this section has proposed eight subjects for the consideration of its members. It is hoped that these will be found to include the more important surgical questions that are at present most prominently before the profession. The short time at our disposal, which will scarcely enable us to do full justice even to these subjects, has prevented the possibility of our bringing forward other and perhaps equally interesting questions; but some of these will be found to have received consideration in the papers which will be read either *in extenso* or in abstract, as time may allow.

I will now briefly refer to the more important subjects that have been set down for our consideration.

1. In no department of surgery has a more marked or more brilliant advance been made of late years than in that which concerns the operative treatment of intra-peritoneal tumors.

The establishment of ovariectomy as a recognized surgical operation has now long been matter of history, but the perfection of safety to which it has of late years been carried by the improvement of its details has led the way to a vast and rapid extension of operative surgery for the cure or relief of various diseased abdominal organs. The uterus and the spleen, the stomach, the pylorus, and the colon have each and all been subjected to the scalpel of the surgeon, with what success has yet to be determined; and it is for you to decide whether some, at least, of these operations constitute real and solid advance-

ment in our art, or whether they are rather to be regarded as bold and skillful experiments on the endurance and reparative power of the human frame—whether, in fact, they are surgical triumphs or operative audacities. There must, indeed, be a limit to the progress of operative surgery in this direction. Are we at present in a position to define it? There can not always be new fields for conquest by the knife; there must be portions of the human frame that will ever remain sacred from its intrusion, at least in the hands of the surgeon. May there not be some reason to fear lest the very perfection to which ovariotomy has been carried may lead to an over-sanguine expectation of the value and safety of the abdominal section, and exploration when applied to the diagnosis or cure of diseases of other and very dissimilar organs, in which but little of ultimate advantage and certainly much of immediate peril may be expected from operative interference?

2. In the discussion of the next great question I would submit that we may with advantage direct our attention less to the mere mechanical—the simple operative part of the business, the details of which are now well understood—than to the consideration of those higher questions as to the diagnosis and nature of the various forms of renal disease, in which nephrotomy and nephrectomy may be respectively used with a reasonable hope of relief or cure. And in considering the prospects afforded by these operations in the improvement of the health and the mitigation of the sufferings of the patient it is surely not the least interesting point for us to study the after-physiological effects produced on the system by the extirpation of so important an eliminatory organ as the kidney.

3. We naturally pass from the consideration of operations on the kidney to that of those which implicate the bladder, and in doing so we have specially to direct our attention to the question as to what advances have of late been made in lithotomy and lithotrity.

In lithotomy we see much of change, possibly something of novelty, but not so certainly any thing of real progress. Have we indeed advanced one single step either in the perfection or in the results of that operation since the days of Cheselden, of Martineau, or of Crosse, not to mention the names of more recent but equally illustrious surgeons and successful operators? The revived median, the combination of it with lithotrity, the suprapubic, whether done antiseptically or not, have certainly not been very encouraging in their results, and can scarcely claim to be considered in the light of an advance on the old lateral operation in skillful hands. But yet we must admit that these methods of lithotomy may deserve this consideration, that possibly in

some forms of calculus and in certain conditions of the urinary organs a wise eclecticism may be exercised in the choice of one or other of them.

In lithotrity, however, it is probable that a great and real advance has been made, and certainly it is undoubted that a complete revolution has been effected by the enterprise and skill of one of our American brethren; for it can not be questioned that "Bigelow's operation" has completely changed the aspect of lithotrity, and there is every reason to believe that it constitutes one of those real advances in a method which marks an epoch not only in the history of the operation itself, but in the treatment of the disease to which it is applicable.

But here a fertile field opens up for our deliberation. We have to consider not only in what cases, as regards the mere size of calculus, "Bigelow's operation" may safely be used, but also, and far more important than this, the ultimate result both upon the bladder and the kidney of prolonged intra-vesical instrumentation. The mere question as to the comparative advantages of removal of stone by one or by several sittings is dwarfed by the more important one of determining the state of the bladder that results, not perhaps so much as concerns the life as the future comfort of the patient. It is here that information is much needed, and it is here that, unfortunately, but for very obvious reasons, the lithotritist himself may in many cases be unable to furnish it.

4. Prehistoric man was doubtless a victim of injury before he became a sufferer from disease, and the treatment of wounds constituted probably the first effort of the healing art. From the earliest dawn of human intelligence the attempt to cure a wound must have suggested itself to man, and yet at the close of the nineteenth century we are still discussing the best methods of doing this and the causes of their failure. There is still difference of opinion and of practice among surgeons, not only as to the comparative advantages of the "open air" method and that in which all atmospheric contact is carefully guarded against, of the "dry" and of the "moist" system of dressing, as to whether the "antiseptic method" in a modified form suffices or whether the more elaborate system of local treatment before, during, and after an operation, which has been devised by the skill and worked out by the unwearied labor of Lister, be essential in all cases of operation-wound. Not, of course, for its primary union, for this may be obtained by any and every of the methods mentioned. If it be contended that this system is necessary for the safety of the patient and the due healing of the wound in some cases, has it been proved to be equally essential in traumatic lesions of all tissues, of all organs, and of all regions? These are questions that may well deserve

the consideration of this section. But there are others of a yet wider character that must also engage our attention in any discussion on the best methods of securing primary union in wounds; for it is impossible to fail to recognize in the general constitutional state of the patient a most important factor in this direction; and we should be taking a narrow view of this many-sided question if we did not give due weight to the influence of those hygienic conditions which, if faulty, are inimical or even destructive to the due performance of those actions which are necessary for the maintenance of the organism in a healthy state, and for the proper nutrition and consequent repair of the tissues of the body. Is there no fear that in some of the modern systems of treating wounds we are in danger of expending all our precautions in the prevention of the local and of ignoring the risk of a constitutional infection?

5. The treatment of aneurism is one of those great questions which from an early period in the history of modern surgery has occupied the attention of practitioners, and has undergone no little fluctuation. A few years ago the battle between the ligature and compression appeared to have been decided in favor of the latter, but the invention of improved ligatures, made of various kinds of animal tissue and applied with antiseptic precautions, has once more inclined the balance of professional opinion toward the Hunterian operation. But now again the practice of compression has received renewed strength from the employment of Esmarch's elastic bandage in the cure of certain forms of external aneurism, and it is for you to determine in what cases it can be used with advantage, and in what way a cure is effected by its means. For in the treatment of aneurisms, as in that of so many other surgical diseases, the wiser and more scientific course is to follow a judicious system of selection in the method to be employed in each particular case, rather than to subject all to one unbending line of practice.

6. The treatment by resection of some forms of chronic and otherwise incurable joint-diseases has in certain articulations and at suitable ages met with the universal approbation of surgeons, and the wide extension of the principles of "conservative surgery" is one of the most striking evidences of advance in our art in modern times. Resection has, however, of late years come to be extensively applied to the treatment of cases of articular disease which formerly were subjected to procedures of a less heroic character; and it will be for the members of this section to weigh carefully the wisdom of such a measure, and to contrast its results, both as regards life of patient and after utility of limb, with those which may be obtained from the em-

ployment of milder means, such as absolute immobility with extension, and possibly, in some cases, simple incision of the articulation.

7. In considering the relations between adenoma, sarcoma, and carcinoma in the mammary gland of the female, I would venture to submit that this subject has to be discussed here from its clinical rather than from its pathological side. We have here less to do with the ultimate structure of the tumors, with their histological affinities, with the parts that are played by epiblasts and mesoblasts, with what epithelium or connective-tissue cells can or can not do, than with their clinical history, their differential diagnosis in their earlier stages, the best time for their removal by operation, the liability to recurrence after operation, and the possibility in recurrence of the substitution of one form of disease for another. With these, and such questions as these, we as clinical surgeons may advantageously occupy ourselves.

8. The last subject set down for discussion is one that has practical bearings of an importance that can not be overestimated. There are few questions of the present day of deeper surgical or social interest than the far-reaching, the apparently illimitable, and most pernicious extension of a syphilitic contamination of organs and of tissues, or the modifications impressed by it on other diseases that are the local developments of diatheses, whether strumous, tubercular, rheumatic, or gouty. Does the diathesis exercise any influence upon the form assumed by the syphilitic disease, and to what extent does it modify the characters presented by it in its primary and its secondary affections, more especially when the latter manifest themselves upon the skin or in the bones; how far are gummata and caries, psoriasis and rupia the consequences of a constitutional impress, influencing the direction of the syphilitic poison? To what extent may rickets and gray granulations be the ultimate products of the syphilitic taint? These and various other questions will probably occupy the attention of those who enter on the discussion of this wide-spreading subject.

We hope to be able to take the discussion of two questions on each day, so as to work through the eight in the time allotted to us. In addition to these there are various detached papers on subjects which are of much interest, but which scarcely admit of being classified under one or other of the above heads of discussion. These we shall take up as time and opportunity admit; but their number is so great that it is to be feared that full justice can scarcely be done to all, and that it will be unavoidable, on account of the limited time at our disposal, that a large number be read in abstract.



ADDRESS BY ALFRED H. M'CLINTOCK, M.D., LL.D.

*Gentlemen:* In opening the obstetric section of this seventh International Medical Congress, the first and most gratifying duty that devolves upon your president is to offer an earnest and hearty welcome to those obstetric members who have come from other nationalities and from distant British colonies to take part in this the largest convention of medical men that has ever perhaps assembled together at any one time or place. I present this cordial salutation not only on the part of the officers and council of the particular section over which I have the honor to preside, but also on the part of the obstetricians and gynecologists of England, Scotland, and Ireland.

We are proud and happy to meet here on British ground so many of our brethren from various parts of the civilized world, but especially from Germany, France, and America, and to accord them a friendly greeting, not only out of respect to their individual merits and high reputation, but as representing those great obstetric schools over which the names of Mauriceau, Levret, Baudelocque, and Dubois, of Roederer, Siebold, Naegele, Kiwisch, and Scanzoni, and of Bard, Dewees, Meigs, and Hodge have severally shed such imperishable luster.

Not the least of the important objects contemplated in this Congress is the interchange of friendly feelings among its members. I am fully persuaded that our reunions will be attended not alone with benefit to us all by the attrition of mind with mind, but that new friendships will be formed and old friendships confirmed, and that sentiments of mutual respect and regard will be developed, so as to strengthen the bond of brotherhood which should unite us as fellow-workers in the same department of medicine.

Allow me before going further to express my deep sense of the unexpected, unmerited dignity which the Congress has conferred by putting me into the position of president of this important section. I feel it to be the highest and most flattering honor of my long professional life. Such a compliment more than repays one for forty years of labor and devotion, for it sets the seal of approval by contemporaries on my past life, and leaves nothing further or higher to aspire to in the way of professional distinction. At the same time, gentlemen, this feeling of just pride and exaltation is mingled with a very poignant sense of incapacity, and I might well shrink from the responsibility of the post, but that in the discharge of its duties I shall have the aid and coöperation of such accomplished men as those who constitute



the vice-presidents and council of the section. They, in truth, are the giants on whose shoulders I am raised to the exalted position it is my good fortune to occupy in this Congress.

Inasmuch as this is the first occasion of the International Medical Congress meeting in London, it may not be inappropriate if I pass in review some of the more prominent among the many eminent obstetricians who lived and practiced in this city, who, by their writings, teaching, and discoveries, have contributed in no small measure to the development of midwifery and gynecology, as well as to the medico-chirurgical fame of London. I must, however, study brevity, being desirous, if possible, to keep within the fifteen minutes allowed for the readings of communications, so as to set an example of obedience to the rules of the Congress.

In this retrospective glance I find only one name standing out in the sixteenth century—Thomas Raynald, the translator of Eucarius Rhodion's celebrated treatise *De partu Hominis*. The original English edition, by Raynald, appeared about 1540, and was the first distinct treatise on midwifery in the English language, and for over one hundred years was the sole guide and text-book of obstetric practitioners, male and female.

In the early part of the seventeenth century the immortal William Harvey (*tanto nomini nullum par eulogium*) stands forth conspicuous, the splendor of his fame increasing as years roll on. He spent most of his time here, being physician to the king, and he delivered courses of lectures at the Royal College of Physicians on anatomy and surgery. As a practitioner we know from the testimony of his contemporaries that Harvey excelled in midwifery and in the treatment of female diseases.

Before the publication of his celebrated exertations on generation, parturition, conception, etc., there were, according to Dr. Aveling, "but three works on midwifery in our language. These were translations from Rhodion, Rueff, and Guillemeau. His was the first book on midwifery written by an Englishman printed in our own language, and the influence which it had upon the practice of the time would with difficulty now be estimated. His claim therefore to eminence in our department of medicine is beyond question." With this conviction on our minds we shall the more heartily yield our applause when his magnificent memorial statue is unveiled at Folkestone, the place of his nativity, on Saturday next—a ceremony, I may remark, which has with good taste and judgment been purposely so arranged that this great Medical Congress may take a part in showing honor and respect to the memory of one of the greatest discoverers in the

science of medicine, and consequently one of the greatest benefactors of the human race.

Contemporary with Harvey was another remarkable man—Peter Chamberlen, the inventor of the midwifery forceps, indisputably the most valuable instrument of the whole *armamentarium chirurgicum*. Unfortunately for him, however, the brilliancy of his reputation is obscured by the unworthy selfish conduct which caused him to keep the instrument a secret for the aggrandizement of himself and family. He was father of Dr. Hugh Chamberlen, the translator into English of Mauriceau's works. There is a handsome monument to the memory of this Dr. Hugh Chamberlen in Westminster Abbey, erected by his patron and friend the Duke of Buckingham. No less than five generations of the Chamberlen family were eminent in the medical profession here, and Dr. Peter, who attained a great age, had been physician to five English sovereigns.

Toward the close of this (seventeenth) century Richard Wiseman, "Serjeant-chirurgion" to Charles I, published his treatise on surgery, in which he gives an excellent description of pelvic abscesses consequent on parturition. He thus anticipated Puzos's essay on the same disease, and put forward much more rational and correct views as to its pathology. The eighteenth century was destined to see a marvelous development of midwifery, as well as of many other arts and sciences. As might therefore be expected, London can boast of several eminent obstetricians at this period.

In chronological order the first to be mentioned is Dr. John Arbuthnot, F.R.S. and F.R.C.P., physician to Queen Anne. Although he has left no enduring evidence of obstetric superiority, yet he was an eminent accoucheur in his day, and reflected infinite credit on our order by his rare literary talents, his deep scholarship, and his exalted social position. He was skilled in every thing that related to science, and held a prominent place among the ablest writers and wits of that Augustan age, one of whom (Swift or Pope) alludes in his poetry to

"Arbuthnot's soft obstetric hand."

A man who was considered a friend and an equal by Parnell, Gay, Bolingbroke, Swift, and Pope could not fail to adorn any pursuit to which he devoted his vast intellectual powers. Speaking of him, Swift said, "He has more wit than we all, and his humanity is equal to his wit." A higher tribute could not have been paid him.

The next to be mentioned is Dr. John Maubray, not on account of any peculiar merit in either of his works, "The Female Physician"

and "Midwifery Brought to Perfection," but because he is reputed to have been the first public teacher of midwifery in this country. He lectured, Dr. Denman tells us, at his house in Bond Street so far back as the year 1724.

Nearly contemporary with Maubray was Dr. Edmund Chapman. He was the second public teacher of midwifery in this city, and is entitled to our lasting gratitude for having been the first to publish to the world a description of that "noble instrument" (to use his own phrase), the obstetric forceps, the secret of which the Chamberlens kept to themselves for over fifty years. This he did in the "Edinburgh Medical Essays," and subsequently in his treatise "On the Improvement of Midwifery chiefly with regard to the Operation," the operation meaning the application of the forceps. The first edition of this book came out in 1733.

About this same period also lived Sir Richard Manningham, F.R.S., a man of considerable learning and of great reputation as a successful midwifery practitioner. He was author of some obstetric works of temporary consequence, and his claim to remembrance arises from the circumstance that in the year 1739 he opened a ward in the Parochial Infirmary of St. James, Westminster, exclusively for the reception of parturient women, which was the first thing of the kind in Great Britain. Shortly afterward the idea was taken up and enlarged upon elsewhere, and the great Lying-in Hospital of Dublin was founded by Dr. Bartholomew Mosse, being the first hospital of the kind in the British dominions.

The very same year that Sir Richard Manningham opened his obstetric ward in St. James's Infirmary, as we have just seen, a surgeon from a small country town in Scotland established himself here in London as an accoucheur, who ultimately effected the greatest reformation that had yet taken place in the principles and practice of obstetrics. This man was William Smellie, a name always to be respected wherever midwifery is cultivated as a science. For twenty years Smellie practiced and taught here, and published the first volume of his celebrated treatise in 1751 and his splendid anatomical plates in 1754. Among his pupils who later on became eminent in the same branch of medicine were William Hunter, Denman, David McBride (of Dublin), John George Roederer (subsequently Professor of Midwifery at Göttingen), Dr. James Lloyd of Boston, U. S., and Dr. Wm. Shippen, afterward Professor of Midwifery in the Pennsylvanian University—these last being, according to Professor Parvin, "the two first American obstetric practitioners." Most gladly would I linger over

the life and works of this great man, but I must content myself with a few sentences.

Smellie possessed a wonderful capacity for work, and a clear judgment; but beyond and above this he was endowed with a singularly accurate perception of facts, which made him a correct as well as a close observer of nature. Herein lay the secret of his unrivalled success as a reformer and improver of midwifery. He himself felt this to be so, for in reviewing his practice he says, "I diligently attended to the course and operations of Nature which occurred in my practice, regulating and improving myself by that infallible standard." (Case 186, Sydenham Society Edition.) Truly he was, in the words of Dr. Hugh Miller, a "noble character and an example of earnest living."

A couple of years after Smellie settled in London there came to live with him a young man from the Scottish county—Lanarkshire—of which Smellie himself was a native. This young man was no less a person than William Hunter—a name familiar to you all—whose plates and descriptions of the human gravid uterus have gained their author a foremost rank among obstetric writers. By his great reputation as a lecturer and as an anatomist, aided no doubt by his prepossessing appearance, polished manners, and cultivated mind, Hunter proved a successful competitor of Smellie's in practice. Like him, he also gave special courses of lectures on midwifery, MS. notes of which are to be found in many libraries. Dr. Matthews Duncan tells us the College of Physicians possesses two pretty complete volumes of such notes.

In 1748 Hunter was appointed surgeon and man-midwife to Middlesex Hospital, and soon afterward to the British Lying-in Hospital; for though the physicians claim him as belonging to themselves, yet it can not be disputed that Hunter was a surgeon and member of the Corporation of Surgeons of this city.

Besides being a rival, he was in some respects a contrast to Smellie. The school of obstetrics founded by the latter was not inaptly described by the late Tyler Smith as the mechanical school, from the importance it attached to the resources of art in aiding parturition. Hunter, on the other hand, placed extraordinary reliance on the powers of nature, and trusted too much to tincture of time. Hence his followers have been designated the physiological school; and through the influence of his commanding authority they formed a large section of the profession, and could boast some great names.

Although we may regard Hunter as one of ourselves, and appropriate much of the glory with which his name is invested, "yet it is

necessary," as Dr. Duncan observes, "with a view to justice to point out that his obstetrical fame is chiefly anatomical, and that his greatest claim on our admiration and gratitude arises from his anatomical work and influence." (Harveian Address, 1876.)

It is a just boast of the English school of midwifery that what, in the truest and strictest sense, is "the most conservative of all the resources of our art," was first formally admitted a place among obstetric operations in this city and about the year 1756. The recognition by the profession of the artificial induction of premature labor was the outcome of a medical conference held at the time and place just mentioned. Who was the first or most strenuous advocate of the operation at that conference does not appear; but we do know that the first to put it in practice was Dr. Macaulay, a midwifery practitioner of this city. It is natural and just, therefore, to identify his name with this most beneficent measure, and to accord him a prominent place among the many distinguished accouchers who lived and practiced here.

One of the greatest ornaments of that physiological school of accouchers—founded, we may say, by William Hunter—was Thomas Denman, a man of remarkably sound judgment, great prudence, and of the highest moral integrity. Throughout half a century he lectured and practiced in this city. His work, entitled "An Introduction to the Practice of Midwifery," is well known to most of you. It has many peculiar excellences, but to my mind the chief is his classification of labor, which is at once comprehensive, pathological, and practical, and thereby serves the highest purposes of any system of classification.

Did time permit, I could multiply these brief sketches so as to include many other London obstetricians who lived since the commencement of the present century, of less note, it is true, but yet men who stood far above mediocrity, and who, by their writings, their teaching, and their practice, materially aided the advancement of midwifery and gynecology. I must content myself, however, with a mere recital of their honored names—viz: John Clarke, Osborne, Leake, Bland, Merriman, Charles Clarke, Gooch, David Davis, Blundell, John Ramsbotham, Marshall Hall, Robert Lee, Robert Ferguson, Rigby, jr., Francis Ramsbotham, Granville, Ashwell, Lever, Locock, Waller, Murphy, Tyler Smith, Oldham. These men all lived so near our own times (at least those of us who, like myself, have reached the grand climacteric) that the bare mention of their names at once recalls the titles and the nature of their respective contributions to the funded capital of our professional knowledge.

Of the living obstetric celebrities who make this city the scene of their work and their influence I purposely refrain from speaking.

"My thoughts are with the dead. With them  
I live in long-past years;  
Their virtues love, their faults condemn;  
Partake their hopes and fears;  
And from their lessons seek and find  
Instruction with an humble mind."—SOUTHEY.

But to a more worthy occupant of this chair at some future meeting of the Congress, after we have played our little parts in life's drama, I bequeath the grateful, pleasing task of supplementing the above list with the names of those eminent London obstetricians and gynecologists whom to meet and to know is assuredly the most gratifying of the many privileges connected with this great international gathering.

ADDRESS BY CHARLES WEST, M.D.

*Gentlemen:* My first duty in taking this chair is a most pleasant one. It is to express my deep sense of the honor done me by my countrymen when they selected me as not unworthy to represent that department of medicine in England which we all assembled here more especially to cultivate. The honor, too, was enhanced by the fact that at the time when it was conferred I was on the point of leaving London in search of what I am thankful to say I found, perfect health, in a land of constant sunshine. That I have found there, too, a second home, I owe it to the kindness of my French friends who received me so cordially and treated me so graciously. You did not regard me as a stranger, but as a fellow member of that great Société Internationale which has for its object, not the upsetting of thrones nor the changing of governments in quest of some grand social regeneration to be accomplished in a few days by violence and bloodshed, but the improvement of mankind by gentle means. The one, like the thunderstorm and the torrent, does but lay waste; the other is like the silent dew which falls unseen and fertilizes the land.

But while I thank you most heartily for all your goodness to me in what I may now call my adopted country, you will I am sure, find it but natural that I rejoice in returning once more to my native land; in seeing again the old familiar faces, and in revisiting the spots where I studied as a youth, or where I labored as a grown man.

Coelum, non animam mutant  
Qui trans mare currunt,

and my French sympathies are not one jot lessened because I still feel myself altogether an Englishman.



With these words, gentlemen, I should have wished to stop, and to have invited you to pass at once to the business for which we are met. Some three weeks ago, however, I learned to my dismay that the Executive Committee desired that the President of each Section should open its meetings by a short address bearing on its special objects. Far away from my books, moving each day from place to place, I felt my utter inability to do any thing worthy of the occasion. Moreover there came to my recollection an anecdote which did not help to cheer me. Dr. Johnson and his friend Boswell dined one day with a gentleman by special invitation. The next day Johnson complained to his friend of the meagerness of the entertainment. "Well, sir," said Boswell, "but it was a good dinner." "Yes," replied Johnson, "a good enough dinner, but it was not a dinner to ask a man to." And so if you should find now scanty and commonplace what I say, pray remember, gentlemen, the entertainment is not one which, had I been left to myself, I should have thought good enough to ask you to.

One accusation which I have heard brought against a meeting like the present is that it is apt to resolve itself into a mutual admiration society, each member praising what the other has done, all joining to extol what their own generation has accomplished, and that the gratification of personal vanities rather than the promotion of science is the chief outcome of the whole. But just as travelers on a long journey halt from time to time, and looking back on the road they have traversed, take courage to go further, so may we, with no feeling of undue self-gratulation, rejoice over what has been accomplished even in our own day as an earnest and a pledge of future progress, an inducement to more unwearied effort. Thirty years ago, throughout the whole of England and America, there was not a single hospital set apart for children. It was but rarely that one saw them, little waifs and strays, in the wards of our general hospitals, for the maxim *De minimis non curat lex* held good in medicine as in law. Germany too was in but little better case, and one was forced to go to Paris to study on a large scale those diseases which men like Guersent and Blache and Baron and Trousseau and Rogers investigated with untiring zeal, and in spite of hospital arrangements, most painfully defective, strove to cure. We all know how this is altered now. In London there are six separate children's hospitals, each, I believe, with its convalescent branch; and children's wards are to be found in every one of the large London hospitals. There are special children's hospitals in every large town in England. America and Germany have followed the same example, and almost every where throughout Europe the opportunities for the study of the diseases of children



are almost as numerous as for the diseases of the adults. Nor has this wide field been without abundant husbandmen to till it, and we may count with satisfaction the fruits of their labors.

The vague phraseology which served for years to conceal our ignorance even from ourselves has been to a great degree done away with. We talk no longer of worm fever, remittent fever, gastric fever, and so on; for under these various names we recognize the one disease, typhoid fever, varying in severity but marked always by its own characteristic symptoms. Half a page in a hand-book was all that was to be found thirty years ago concerning heart-disease in childhood; while at the present day the frequency of heart-disease has been fully recognized, and it has been studied with as minute a care in the child as in the adult. The various inflammations of the respiratory organs are no longer looked upon as a whole, but each is referred to its proper class, and we distinguish lobar and lobular pneumonia, bronchitis, and capillary bronchitis, and assign to each its proper place and its characteristic symptoms. Nor have our therapeutics lagged behind. I remember the hesitation with which some years ago my dear friend and master, the late Dr. Latham, decided on tapping the chest of a boy eight years of age, who was received into St. Bartholomew's Hospital on account of a pleurisy which had terminated in empyema; and the delight, the wonderment almost, with which we regarded the successful issue of the operation in a child so young. A few months ago I communicated to the Medical Society of Nice the particulars of fifty cases in my own practice where paracentesis of the chest had been performed at my desire, and several of you gentlemen could relate as many cases as mine. That once almost unrecognized disease, diphtheria, has been studied with the greatest care; its relation to membranous croup has been investigated; the close connection of the two has been demonstrated. I for my part should not hesitate to say their absolute identity has been established. Much light has been thrown on the various diseases of the nervous system. That once enigmatical affection, the so-called essential paralysis of infancy and childhood, has been shown (in the first instance by the researches of my friend, Mr. Roget, and his able coadjutor, M. Damaschino) to be due to an acute inflammatory softening of the gray matter of the anterior columns of the spinal cord; and twenty-five recorded observations since that time attest the truth of their discovery. Though strictly speaking, perhaps not a disease of the nervous system, the pseudo-hypertrophic muscular paralysis of Duchenne claims mention here as a new and important addition to our knowledge of the pathology of early life.

I fear to weary you by further enumeration, else it would not be difficult to increase largely the instances of new and most important knowledge added to our stores since my student days. In estimating the value of their gains, too, it must not be forgotten that each truth established means an error exploded; so much base metal, so much counterfeit coin withdrawn from circulation, or to put it differently, so much sterling gold substituted for inconvertible paper money. In this progress surgery has every where borne a large part. The treatment of hip-disease, the excision of scrofulous joints, the new modes of treatment of spinal curvature—some, indeed, still on their trial—the operation for the cure of genu valgum, which one can not mention without a fresh tribute of thanks to Joseph Lister, who in this instance has rendered a proceeding safe and salutary, from which but a few years since the common sense of the surgeon would have recoiled, are so many fresh instances of progress made during a period of a little more than the half of my professional life. I take it, however, that the great use of meetings such as the present is to take stock, far less of what we know than of what we do not know, or know at best but imperfectly. A few of these problems have been submitted to you in the list of subjects for discussion. To some it is probable that the combined experience of so many and such distinguished men as are here present may furnish definite and conclusive answers. Other questions are introduced in the hope of gaining fresh information on points concerning which our knowledge is fragmentary; while there are many other problems still unsolved, on which it is hoped that fresh light will be thrown during the time of our meeting here.

And now with your permission I will conclude with an old apologue which tells how when the fabled Arabian bird renewed each hundred years its vigor and eternal youth, the birds of the air all helped to build its nest. The eagle and the wren contributed alike to this labor of love and duty; each brought what he could nor ceased till the task was done. And surely science and art, especially our science and art, are old and new, renewing day by day, burning by a voluntary self-cremation, old theories, half facts, hasty conclusions, and substituting more accurate observations, truer inferences, more solid judgments. To this great end we may all do something; but labor as we may our task will never be finished, for not once in a hundred years, as the fable runs, but every day and all day long the process goes on—a daily death, a daily renewal, as in our body's growth—a death of error, a development of truth. (*The Lancet*, Aug. 6, 1881.)

## ADDRESS BY SIR WM. GULL, BART., M.D., F.R.S.

The president opened this section on Wednesday afternoon by an address in which he reviewed the present position of "Medicine." We can not give our readers the whole address, but the following is a fair abstract of it. "Solidism," Sir William Gull said, "is widely reasserting itself in the science of living things—not as an *à priori* system, but through the progress of knowledge. The proximate conditions of pyrexia are no longer vaguely referred to nerve, but to definite nerve-centers; hyperemia and inflammatory changes to sympathetic lesions; abnormal chemistry to the great respiratory centers; the strange conditions of Addison's disease, with its characteristic pigment, to the supra-renal bodies, themselves probably but nerve-centers, and related, at least by structure, to the system of the pituitary gland; epilepsy, supposed in Hippocratic times to be due to extraneous maleficent spiritual influences, is traceable to apparently trifling changes in a few grey nerve-cells. The specific fever-processes notoriously owe much of their character and intensity to the nervous system. Their relation to time, their occurrence only in warm-blooded animals, the great mortality they cause through nerve-exhaustion, and the immunity they leave behind them, indicate that, whatever may be the nature or mode of operation of their several poisons, it is by implication of nerve-elements that fever obtains its chief clinical characteristics. Further, in the advance of 'solidism,' what can interest us more than the recent investigations on contagia? Perhaps no more important step has been made in practical pathology than the proof that some, at least, of these contagia are organized solids. This discovery, which it has tried the patience, experimental skill, and scientific criticism of the best observers to establish, has brought us at length within view of that which has hitherto been so mysterious. To have been able to separate, though imperfectly, the contagious particles; to have come to the conclusion that no fever-poisons are soluble, is a hopeful preliminary toward forcing them to yield up the secret of their nature. If 'solidism,' as a theory of organic processes, wanted confirmation, we could point to nothing more striking than the present established views on putrefactive changes; and to the amazing fact that the normal textures and fluids of the body resist decomposition unless invaded by microscopic organisms. May we not hereafter find that all organic chemistry is the resultant of mechanical changes in organic solids? (Med. Times and Gazette, Aug. 6, 1881.)

## Notes and Queries.

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TARNIER'S FORCEPS.—Not the least interesting and valuable of the papers at the International Medical Congress was that presented the Obstetric Section by Tarnier upon his modification of the forceps. In *Le Progrès Medical* of August 13th we find an abstract of the paper and the accompanying discussion. We present below the salient points of each.

The following objections, according to Tarnier, are made to the ordinary forceps: 1. Traction made by the handle of the instrument are far from being directed in the pelvic axis, and cause dangerous pressure upon the walls of the pelvic cavity. 2. The force is applied too far from the center of the head, and the forceps is transformed into a lever of which the power threatens the integrity of the maternal structures.

On the other hand, the four principles upon which his forceps rest are these: 1. Drawing directly in the axis of the basin. 2. Applying traction the nearest possible to the center of the head. 3. Leaving the head seized by the forceps the mobility it has in natural labor either for flexion or deflexion or to pivot on the imagined pelvic axis. 4. Having an indicating needle which shows each moment the operator the movements of the fetal head, and guides him in the direction traction should be made.

Since the first model of this instrument was made, it has always been used by Tarnier and his pupils in easy and in difficult cases, and has always given excellent results, certainly superior to those obtained by the ordinary forceps.

Professor Lazarewitch, of Russia, remarked in regard to the three curvatures of the forceps—cephalic, pelvic, and perineal—that the first was indispensable, but the second was liable to produce lesions of the genital canal; the less the curvature the less the lesions.

Prof. A. R. Simpson indorsed Tarnier's instrument, while

Matthews Duncan stated that in a scientific point of view it was perfect, but time and experience must determine its practical value.

Dr. Stephenson, of Aberdeen, objected that this instrument needlessly increased force, that it could not flex the head nor rotate it, and that the guiding needle was not so valuable as the muscular sense of the operator.

Budin answered most ably all the criticisms hitherto made upon the instrument, such as its size, complexity, injurious pressure upon the fetal head, etc.

Dr. Robert Barnes spoke in favor of Tarnier's instrument, and very wisely answered one of Dr. Stephenson's objections, viz. that the instrument did not effect flexion or rotation, by saying that this was an advantage, for these movements ought to be trusted nature.

Atthill, of Dublin, objected that the compression of the fetal head was continuous with the Tarnier forceps, intermittent with others which were therefore less dangerous, and that he had seen the instrument slip in a case where Barnes's forceps succeeded perfectly.

It results from the discussion that the principles asserted by Tarnier governing the construction of the forceps remain established. No one attacked them. Their application may vary, as shown in the modification of Tarnier's instrument presented by Dr. A. R. Simpson, and that of Dr. Lusk presented by Professor Barker. The sole serious objection made to the Tarnier forceps is that it is more complicated; but this is of no importance if the result is better.

WANT OF CREDIT.—A polite note from the editor of the New York Medical Journal and Obstetrical Review suggests that a paragraph in the "clinic" of our last number ought to have been credited to his journal of June. Of course it was a great mistake to publish an extract from a foreign journal two months after it had appeared in an American journal, but it was a greater error to publish it without credit, and it happened because the "clinic"

of that number was chiefly made up by a friend who was too ill to revise the proof. That duty devolving upon the editor, he failed to give credit simply for the reason he did not know to what journal it should be given.

DR. MCCLINTOCK'S INAUGURAL ADDRESS AT THE INTERNATIONAL MEDICAL CONGRESS.—Assuming, as I hope I may do, that historical accuracy has equal claims with rhetorical flourish in the addresses from the presidents of the several sections of the International Medical Congress, I venture to ask the president of the Obstetric Section for his authority for the very precise and elaborate statement he made in his inaugural address that the celebrated Arbuthnot, the friend of Swift and Pope, and the favorite physician to Queen Anne, was a practitioner in midwifery. This is so startling and novel an assertion that one would really be glad to know more about it.

Dr. McClintock quotes a line from "Swift or Pope"—the words in inverted commas, be it observed, are his own; we may therefore infer he is not very certain about it—which, to all appearances, is his authority, and I suspect his only authority for the statement to which I take exception, or at least in respect of which I need more evidence than has yet been adduced. The line which my ear tells me Pope would have disowned as given by Dr. McClintock runs thus:

"Arbuthnot's soft obstetric hand."

To some persons this may seem conclusive; but where, I ask Dr. McClintock, is that line to be found? I have no recollection of it in any of Swift's or Pope's published works, and I have thus far searched for it in them in vain. Will Dr. McClintock pardon me if I suggest that his memory and his imagination have misled him in his fundamental fact, the line I am now considering, and that all his grand inferences based upon it are thereby vitiated? I believe Dr. McClintock has appropriated to Arbuthnot what Pope really wrote of a very distinguished obstetric practitioner and anatomist, Dr. James Douglas, a physician of great learning and no less taste, who, by the way, Dr.

McClintock strangely omits to notice, and whom the poet apostrophizes in the fourth book of the *Dunciad* as follows:

"To prove the goddess clear of all design,  
Bid me with Pollio sup as well as dine;  
There all the learn'd shall at the labor stand,  
And Douglas lend his soft obstetric hand."

If I am right in my surmise the inference is clear that Dr. McClintock's statement that Arbuthnot was an obstetric physician is wholly unfounded. (W. M., in *Lancet*, Aug. 20, 1881.)

*Editors American Practitioner:*

HOPKINSVILLE, KY., July 30, 1881.

We were surprised to find in the June number of Scribner's Monthly Magazine, under the head of Topics of the Time, page 304, an article entitled "Advertising Patent Medicines." When a first-class magazine lends its pages and its influence, both at home and across the seas, to the upbuilding of homeopathy and its heir-at-law, quack and proprietary medicines, we feel as though we had been remanded to the dark ages with its ignorance and superstition, and all these long years of human effort, action, and thought had been lost. The article in question is wholly filled with sophistry and based upon data which are pure dogmatisms and utterly irreconcilable with established medical truth. In the paper to which we refer, the advice given in its very beginning is most judicious, and had this good sense and fair-mindedness pervaded the whole article the writer in its completion would have given a paper directly in opposition to patent and proprietary medicines and homeopathy. We can readily see how papers may unwittingly get recognition in our leading journals and magazines, and the one in question may have escaped editorial vigilance; and it is only in this way the public can account for the presence of this paper in Scribner's Magazine in advocacy of patent nostrums and homeopathy. The propositions laid down are—

1. There is no such thing as medical authority, and in the nature of things never can be.
2. Medicine is all empirical.



3. There are mainly two systems of medicine—the allopathic and homeopathic.

4. The people are to be the judges as to who are the true physicians, the true schools of medicine, and to adjudge the value of a remedy, be it a patent nostrum or otherwise.

These propositions we propose to take up *seriatim* and discuss with candor and fairness, but with brevity.

1. Medical authority dates from the remotest antiquity, and rests upon a basis as solid as the laws of planetary movement or the law of gravitation. But medicine is not an exact science; neither is chemistry nor geology; but this fact does not invalidate them as sciences. Science is knowledge orderly and methodically arranged; indeed science and truth may be considered synonymous terms. Take our great systems of surgery, practice of medicine, and materia medica, and here you find truth upon truth, "Ossa on Pelion." The great work being done by American physicians and surgeons is the eliciting of truth, incontrovertible truth; nor are we content to know facts, but to reason from principles, and thus account for facts. It is in this way the allopathic system of medicine has become a science.

2. The science of medicine as taught now rests not upon empiricism. Among the ignorant and illiterate, and leaping from this lowest stratum of humanity on a higher plane, we find a few of the better and more privileged classes espousing this system of quackery. The selection of this latter class can be interpreted on no other ground than a peculiar mental or moral obliquity. As to the former, no rational system can ever apply. Incantation, the royal touch, faith- and priest-cures must and ever will be the legal practice among them, until by a legitimate process of evolution, induced by proper culture, association, and education, this worse than Egyptian darkness be dispelled.

3. Of the two main systems of medicine to which the writer refers—the allopathic and homeopathic—I need say nothing of the former, since a knowledge of the one is gained by the fore-

going; but of the latter a clear exposition is demanded. Homeopathy is based mainly upon two grand dogmas; first, "like cures like;" and second, that infinitesimally small doses are adequate to the relief of disease. These have been proved to be false; and from false premises there must of necessity be false deductions. None but the deluded, superstitious, and ignorant could possibly indorse any such system; for it is contrary to all sound reasoning and to all truth. In the whole realm of science and independent thought we do not find any one adherent to this organized system of quackery. We maintain that whatever good results have been obtained from so-called homeopathy are due to the use of allopathic remedies given in allopathic doses. And it is the duty of all good men, as well as the duty of legislatures, to forbid this worst of all quackeries.

4. To the last and fourth proposition we answer that no one can be a judge of what they know nothing. The laity it is presumed are ignorant of the science of medicine, and this is the grand reason why they are deluded with the idea of the supernatural and with the dream of Hahnemann's similars, potencies, and triturations. A man who tills the soil has a right to be heard on agriculture; a political economist will be considered as authority on the tariff question; neither has any one doubted the ability of the revisers of the New Testament; but what statesman would apply to the people for a financial policy of a great nation? what country could so far forget herself as to cashier her tried leaders and appoint tyros to the command of her armies? It would be just as unwise to let the people, the *vulgus*, the rabble, be the judges and manipulators of our great educational systems as to suffer the youth of our country to pass judgment upon the revised edition of the New Testament or to elaborate a system of theology.

Lastly, the armamentarium of medicine rests upon a basis so strong that it only appeals to the common sense of the people and they adopt it, ever willing to take the *ipse dixit* of our great authorities, knowing that they are guided in perpetuating and in seeking out the truth. The public would repudiate all pro-

proprietary and quack remedies if they could be lifted out of the grooves in which they have run so long, and they would pass by in silence these cunningly-devised papers written in their defense. The great house of Caswell & Hazard has been injured in the eyes of the enlightened public by the publication of this paper on which we have essayed to comment.

W. M. FUQUA, M.D.

THE USE OF CALCIUM PHOSPHATE.—Dr. des Vallières states (*Le Progrès Médical*) that he has obtained excellent results from the use of calcium phosphate in the form of Bayard's phosphatized peptone, in the cases of those children who, although to all appearance healthy, yet present marked evidence of a scrofulous diathesis. He also recommends this substance for the use of women during pregnancy; and he finds that after its use by lying-in women, the greater number of the dangers incident to the puerperal state from an imperfect supply of lime-salts disappear, while at the same time the number of still-born children diminishes. The milk, which is too often poor in calcium and phosphorus, regains that maximum which nature has fixed upon as necessary for the nutrition of the child. Dr. Choffart, in like manner, praises phosphorized peptone as a remedy in pulmonary phthisis, and relates a case in which he has reason to suppose that the calcareous degeneration of tubercles was greatly aided by the administration of this drug.

TREATMENT OF NERVOUS PALPITATIONS.—The Practitioner copies from *Le Médecin Praticien* the following:

Dr. Bouchut treats nervous palpitation by the method which he calls *congestive*, since it produces a congestion of the vessels of the upper half of the body. This plan instantly stops that form of palpitation of the heart which is not caused by an organic lesion. The method first introduced by Dr. Hardier is as follows: The patient standing in the erect position with his legs fixed and straightened, bends the upper half of his body rapidly forward so that his hands touch his toes; by this movement the head is lowered and becomes congested. The column of blood immediately runs into the tissues,

and a sensation of fullness is perceived due to increased arterial and venous tension. If the hand is placed over the cardiac region while the patient is in this attitude, the palpitation will be found to have disappeared, while the heart has resumed its ordinary rhythm. The congestive attitude is not applicable to old persons, to those who are the subject of chronic alcoholism, or in short to any one in whom there is doubt as to the integrity of the veins and arteries.

**THE INTERNATIONAL MEDICAL CONGRESS.**—For a full account of this most interesting meeting our readers must wait our next number. Dr. Yandell, who bore such a prominent part in some of the proceedings, and whose powers of observation and description are unsurpassed, will return about the 20th of this month, and a rich treat may be expected from his facile pen. We may mention incidentally that the two addresses received with the greatest favor were those of Paget and Billings, and we are sure every American physician will rejoice in the honor won by our distinguished countryman.

**TRI-STATE MEDICAL SOCIETY.**—The seventh annual meeting of the Indiana, Illinois, and Kentucky Tri-State Medical Society will be held in the city of St. Louis, Mo., Tuesday, Wednesday, and Thursday, October 25, 26, and 27, 1881. The profession of the Mississippi Valley are cordially invited to attend.

**BAKER'S COD-LIVER OIL.**—For many years we have recognized this as one of the best brands in the market, and have used it more than any other.